James Rush

1813

A

Course of Lectures

on the

Practice of Medicine

By William Cullen M.D.

Professor of Medicine

in the

University of Edinburgh

Vol. iv

Its relaxing power might seem to act contrary to the Intention. Warm Bathing, however, is not proper in a state of Compression, no more than all other stimuli. Besides Warm Bathing, we know, has a particular effect in rarifying the fluids and occasioning a Turgescence of the whole System, and is therefore inadmissible in Palsies from Compression. From being most useful in one Case, it is necessarily most hurtful in the other. And I have known a Paly, where the Symptoms of Compression were by no means violent, changed from Warm bathing to an Apoplexy; and was never after so far removed as to allow of the functions of the Intellectual faculties.

Electricity is the most powerful Stimulant yet employed. We are well assured of its being a Stimulus, with regard to the parts to which it is applied, and of its pervading the whole System. When applied to the Sensorium it may go the length of producing sudden death. Its use is so well known that I need give no directions Concerning it; but I must observe that, where there is any doubt, or where the Cause of the disease is not mere Collapse, but be

-tween

between it and Compression, if Electricity be employed, let it at first be in a very low degree, gradually increased - It has been Employed with obvious success, sometimes useful and sometimes not - In some Cases the Collapse is, perhaps, too considerable, and in others the Electric power not employed in a sufficient degree - Certainly among the histories of its Effects, though some be doubtful, it appears that remarkable Cures have been effected by it -

There are many arguments evincing at Electricity acts directly on the Nervous System only, and sometimes immediately on the Sanguiferous System also, if it can overcome menstrual Obstructions, as has been said, and which I believe to be true - It may then quicken the Circulation in the brain, and therefore prove hurtful in Cases of Plethora and Compression - I have seen the disease aggravated, and even prove fatal in Consequence of it; for though on dissection of Animals killed by it, no great disorder has been found in the Sanguiferous System - It is necessary, therefore to proceed in its use by slow degrees, and in Cases of Compression must abstain from it altogether - It should never

be

be directed to the head, as by the strength of its stimulus it may induce a fatal Collapse - and we will animadvert by it only when directed to the head - Experiments have been made in Cases of deafness and Amaurosis, to direct the Shock to the brain, and sometimes with Impunity; yet it is always dangerous - This applies to all partial palsies.

Gen. XLII. Catalepsis.

"Cum sopore, membra item qui forte fuerit
"Servantia, externa tamen vi quodammodo mobi
"-lia." -

I have never seen this disease, nor known any Physician that had seen it - I might take my History from Authors; - but it is yet involved in many difficulties. No doubt the love of the Marvellous has induced them to give out many false Symptoms, and aggravate and, perhaps, even feign Appearances; so that the truth is rendered fallacious and uncertain. Besides, authors have confounded this disease with Stupidity, Epilepsy, and Tetanus - It is therefore dangerous to diffuse fact no better ascertained; and I should offer

offer but a difficult, subtile, and tedious Theory, and with great diffidence - and, therefore, think it not wise to attempt to account for appearances that perhaps never happened - I shall say no more upon it, but leave this Subject to your Speculation

Ord. II. Adynamia.

This is a Term from Vogel, but applied to an Order different from his Class - There are the Debilitates of Sauvages, but he has added to it the Comata, already treated, and the Dysasthesia, which we have placed among the morbi locales, which make his Class very unnatural - Adynamia are distinguished from Comata by being an affection of the Involuntary motions. "Motus Involuntarii sive "Vitales sive naturales imminuti." It comprehends the Leipopsychia of Sauvages - Voluntary and involuntary, however, have no clear meaning, and should prefer some other word - It is a deficiency of the Vital Functions, but I have made it more, and added the Natural - There I have confounded, and I own too artificially - But some fault could not easily be avoided; but it need not influence our practice.

Gen.

Gen. XLIII. Syncope.

Sauvages has divided this into four Genera - The first, viz. the Asthenia, we reject, as being a debility of all the Organs of motion, and rather in those of the Voluntary motions, and therefore come under the Comata & Lipothymia, Syncope, Asphyxia are merely different degrees of the same disease - No body will doubt this of the two first & We can observe those different degrees, it is true, but they run into each other, and have no distinct limits. With regard to Asphyxia, where the affection is more permanent, it is also only a different degree; and among the Species of it Sauvages has improperly comprehended all Cases of sudden death, where the action of the heart ceases before death takes place - There can be nothing more ridiculous than to include here Asphyxia Suspentorum & Immersorum - Opium to a certain quantity will kill - But before this it suspends the motion of the heart - But when we observe Opium first induces a Coma, I do not allow this to be a disease properly affecting the heart's motion. But if there be cases, as in Persons affected by the smell

of

of Cheese, where the heart is primarily affected, and if a Syncope comes on, we call this properly Syncope, which we have defined "Motus Cordis Extinctus, "vel aliquandiu quiescens."

Farther Limitations will be understood from the Causes of this disease - They may be reffer-ed to two heads,

1. Those that act directly on the heart, without affecting the brain
2. Those that act on the heart, but indirectly, and by the Intervention of the Brain and Nerves. -

With regard to the first, we find sometimes on dissections of people liable to Syncope various affections of the heart:-

a. Tumors, ossifications, Ulcers, Abscesses, &c.
b. We find also affections of neighbouring Organs, such as considerable adhesions, Tumors and compressions from water, Pus, &c.
c. Sometimes considerable Obstructions are found in the Lungs, Polypi in the Aorta, &c.
d. Whatever prevents the flow of Blood through the Lungs, as Aneurisms &c.
e. Whatever entirely prevents the return of venous blood to the

the heart.

It is obvious that the Operation of these Causes must be various and often difficult to understand.

First, we say that a cessation of the action of the heart may arise from a cessation or Interruption of the Circulation. But this points out a new Limitation of Syncope, to Cases of Interruption of the muscular power of the heart itself. In short, I don't call cases of Suffocation Cases of Syncope, because they are not a disease of the heart. Many Organic affections can to operate in this way, but I would confine Syncope to a loss of the hearts muscular power. Many of the Causes may be insufficient to produce a suffocation, but may induce Syncope. I think it is a Law of our System, that a Sense of debility may induce a reaction, as appears in the heart itself, from Ligatures on the Aorta*. as in Palpitations which are plainly of the Convulsive kind. Convulsive Efforts do often end in Paly or Spasm. Paly and Apoplexy, in Consequence of Epilepsy, are a proof of this. We have many other Instances; and this may also be the Case in the heart from stronger Convulsions. But is Syncope a Consequence of Paly, Spasm, or Paly of the heart? I have no doubt but

* The action of the heart is encreased in proportion to the Resistance. This may produce Palpitation.

but the Spasm often takes Place, and thus may induce a Cessation of its action - But it is more likely that a Paralytic State of the heart induces Syncope - Its ventricles have been found full upon dissections, which shews that the Cessation of motion does not happen while the heart is in a Spasmodic State - The left Ventricle is often found empty, but we know the right last ceases to act, and is constantly found full - In the Common Experiments of Examining Expiring Animals by Opening the Thorax, we know that the right ventricle ceases to act in its full state, and does not therefore cease from action in time of Spasm - Thus a Palsy is the immediate state, which commonly occasions a Cessation of the hearts motion - In many Cases we have no other way of explaining this, and therefore I would say that, when Organic affections do not induce Syncope by suffocation, they do it by inducing stronger Convulsions, and, in Consequence of this, Palsy - Syncope is commonly Symptomatic, and as such deserves no notice; but it may be Idiopathic, and therefore I have not passed it over, specially as its Causes have not been properly explained - The first set of Causes may very often bring on sudden death, by means of suffocation - Here they are the Causes of death, but not of Syncope - But when the entire cessation of the heart is prevented, a syncope may be brought on - as to the Causes acting by the Inter

-ven

Intervention of the Brain, I find the subject is difficult and requires Recollection.

Syncope is so general affection that we might pass it over. But it may be Idiopathic, and therefore I have entered into it. It depends on Laws of the nervous System, little thought of and not well explaind. But we may expect light from it Causes. They may be referred to two heads,

1. Those acting directly on the heart itself;
2. Those that act on the heart by the Intervention of the Brain, by suspending its functions relative to the Circulatory System.

Many of the former operate by compete Suffocation, and as such are not Causes of Syncope, but only when in such a degree as not to prevail entirely, but only to interrupt the free Evacuation of the heart. This may depend on Spasm or Paly. Spasm is possible, but Paly more Probable.

I go on to the second head of Causes, those acting through the intervention of the brain. In going through these Causes it would be easy to show, that often many

many go so much a length as to destroy the functions of the Sensorium – But why among these causes, do some act rather upon the animal functions, and some on the vital and Natural? When they act upon the whole of the functions, and very generally, the disease is not to be considered as a Syncope – This leads to ask whether there is here a difference of quality, or of degree only – Hemorrhagy is one of the most noted causes of Syncope. It may be considered under the first head of causes, as an evacuation, withdrawing the stimulus usually applied to the heart – No doubt in sudden evacuations from large arteries or veins this may be the case; but then it is rather a case of death, never an object of practice – But there are cases of Syncope occuring from very small Hemorrhages, which cannot be supposed to act thus, but on the brain, by taking off its Energy – This cannot be supposed to act by depriving the heart of its stimulus, especially as we can avoid Syncope by laying the Patient of his back, or in any posture that will obviate the loss of Impetus upon the brain – Not only hemorrhages of blood, by Ha-emorrhection, but also any uncommon afflux of blood to a part may do this, as by withdrawing a Ligature, by taking away the water in Ascites &c – In the last

last instance Syncope is prevented by continuing the same pressure on the Abdomen as was before. Now with regard to all these, there is nothing more evident than that the action of the Sensorium depends on the state of Circulation in the vessels of the Brain – We have particular reasons for explaining it by the fulness, and consequently the Tension of these – Hence the energy of the brain depends on the action of the heart, which is exerted so as to occasion constantly the reaction of the brain on itself; and hence Syncope is induced by the Suspension of that Energy of the brain – So far we may go, but the same hemorrhagy is frequently the Cause of Epilepsy – and there is hardly one Cause of Syncope which is not sometimes the Cause of Epilepsy – Why then, again, do the same Causes sometimes produce a considerable violent reaction of the System, and in others a permanent diminution of Energy? This is not explained, and depends upon an unaccountable ballance of the Nervous system: But this gives a presumption that the difference depends on degree – Hence Hemorrhages when fatal very commonly produce Epilepsy before death, whereas small hemorrhages produce Syncope only, without those Convulsions that attend greater hemorrhages – From all this we

may

may deduce, that the Causes of Syncope are mostly such as take off suddenly the Tension and Energy of the brain, thus affecting the action of the Spirit; and it is probable that diminished Tension or energy may depend on a variety of Causes, such as the sudden remission of violent pain, as I have seen in the reduction of a dislocation that induced Syncope. I knew a Gentleman who had an Inflamed Pustle over the Eye brow, attended with Considerable pain; by the point of a Lancet the Pus was evacuated, and a syncope induced. The same effect has followed from the Evacuation of Urine by the Catheter. Under a certain degree of Weakness any great and strong effort will induce Syncope. Thus Labours of Women, though attended with no great hemorrhagy. Thus also passions of the mind. The effects of sudden Joy are not to be explained, in this Case, but by a Law of the System, which renders Collapse the Consequence of every great Excitement. We shall hereafter have occasion to say that this happens in persons who have, as we may say, wide Oscillations, and a great degree of mobility in the Nervous System.

That Syncope depends more directly on Collapse is proved by the Effect of Sedative Passions, such

such as fear - Disagreeable Impressions, such as peculiar fœtid smells, have very generally the effect of producing Collapse - In case of smell it might be supposed that the effect was owing to a stronger sedative power like fear, that should operate more or less upon every person - But few are affected, and those in consequence of the nature, not of the degree, of their Impression - Nothing is more common in Syncope than to be attended with Vomiting; and very universally with nausea, if it does not go to the degree of Asphyxia - From thence we learn that there is a state of the Stomach corresponding to that of the brain, in consequence of which Syncope is induced - and taking the Inverse, we may suppose that, that state of the Stomach will induce that state of the brain, and consequently Syncope - Thus Syncope arises from over loading, Ipecacuana; and indeed we observe that the Sickness which attends vomiting is called by the Patients Fainting; and from the Paleness of the face and Smallness of the Pulse, we see that it approaches very near to it - again many fevers operate so in so much as to have given Occasion to Nosologists to distinguish a Syncope Febrilis - all these Cases affect peculiarly certain persons, or certain states of the System, as General weakness - Therefore we

must

must always consider the Predisposing Causes, which may be referred, to,

1. To Mobility.
2. Weakness.

Mobility will come to be considered on the subject of Spasm and Weakness – This is enough for the Pathology of Syncope.

<u>Cure</u> -- Syncope is hardly Idiopathic, and seldom the object of Practice – With regard to the first Causes, not to say they are often Incurable, they are to be known from their particular Symptoms, such as Obstructions of the Lungs, and affections of other Functions; but when we cannot distinguish them, our Practice for Syncope alone will be very precarious, and at random.

With regard to the second set of Causes, our method of Cure turns very much upon preventing the Predisposition – It has been asked, how far bloodletting was to be employed? – Senac will give you much on this, in his book on the heart – The answer to the question may be reduced to this, That when Syncope depends on Plethora and Causes of Complete Suffocation, Bloodletting is universally to be admitted, but it

It is commonly hurtful and pernicious - But for this we refer I suppose you will understand my meaning, by leaving you to consult Sense - We shall under Epi-lepsy have occasion to consider the means of obviating Mobility and Weakness.

Gen. XLIV. Dyspepsia.

A difficult Genus, and very universally only a a Symptom of another disease - However, as it is frequently an Idiopathic Affection by itself, I thought it necessary to give it a place in our System. Our Definition of it is very imperfect " Ventriculi functio idiopathice turbata "per anorexiam, nauseam, vomitum, inflationem, ructum, "rumationem, Cardialgiam, gastrodyniam, et alvum plerumque astrictam, indicata". - This Character is bad, as being Theoretical - I doubt whether we can distinguish the affection when Idiopathic from the Symptomatic - The Symptoms that are added to express it, are as often Symptoms of the Symptomatic as of the Idiopathic - But we must enquire into their Causes.

Anorexia - Its being idiopathic is not very clear, as it is rather an Inference of reason than an object of Sense - It is a want of Appetite, or hunger in opposition to Thirst - You will know that the Cause of them

hunger is a difficult Question in Physiology - By some it is reffered to an acrimony, from the relicks of our former food becoming acid. This is corroborated by throwing acids by art, which powerfully excite appetite, while Putrescent substances have a Contrary effect - Though this may have an Effect, yet I do not think, under the variety of our common aliment, that Cause of hunger could return so regularly - others ascribe it to the Emptiness of the stomach. We know that a Certain feeling, or sense of Constriction, which attends its detumescence, is much connected with hunger - But how it operates is difficult to say - Physiologists, who admit of no sensation but of Impression, suppose this owing to an attrition of the sides of the stomach - But the Stomach even in its empty and contracted state, has always circular Cections - Besides we know that the Stomach is lined with much mucus, which may prevent the effects of attrition; and as the muscular fibres are felt to have little Energy at that time, we conclude that hunger is more probably owing to a Sensation of Consciousness from want of Impression - It is not sufficient that the stomach should be empty to require a supply of aliment - It seems that the System should also be under a state of Depletion; and if we eat the time of our eating rest, being at the same time under the Influence of certain

Cir

Circumstances, such as disagreeable News, &c, the appe-tite passes away entirely - Suppression of perspiration takes away the Appetite: and on the Contrary all the means of promoting Perspiration quicken its return, as brisk Exercise - It is difficult to suppose that this Excites the action of the Stomach - It is poss-ible some Exercise may have this Effect; but, for Example, Sailing will not - a Person dines at 2. O'clock, - by 8. his stomach is tolerable Empty; towards 9. (the usual time of supping) he hears some bad news, which takes away his appetite - This would be owing to suppression of Perspiration; and I have known an hundred such Instances - Cold Air encreases the appetite - How it operates on the Stomach is not found out; but we can understand how it stimulates the action of the extreme Vessels, and is even particularly necessary for it - Perspiration proceeds more quickly in Cold than in warm weather - Thus Sealing is a powerful means of promoting per-spiration; and all kinds of Exercise in cold air tend much to promote the appetite - From all this I have no doubt that appetite depends on the action of the Extreme vessels, and on their Consent with the vessels of the Stomach. From this we learn that want of hunger depends on an atonia of the Fibres of the Stomach; and viewed in that light

Light Anorexia may be induced by a variety of Causes, acting either on the Stomach or on the Extreme vessels, or on the Sensorium itself - That the Stomach is susceptible of atony we have many proofs - We have instances even of Compleat Paly of the Stomach.

We have begun to consider the first Character, Anorexia, of Dyspepsia - The Cause of appetite has been disputed - I think it is clearly depending on the depletion of the System, particular that of the immediate Organs of Perspiration, the extreme vessels, whose atonia is attended with a like state of the Fibres of the Stomach, inducing want of appetite; and that every state of atonia of the Stomach, is connected with want of appetite - And taking that Idea of Dyspepsia, that it consists in an atonia of the fibres of the stomach, let us examine the Causes of atonia. Even in considering the other Symptoms of this disease, we shall find it useful to have taken this first view of it - and we shall reason in a Circle, in saying that atonia produces Symptoms of Dyspepsia, and that these express an atonia of the Stomach -

It may arise of itself, and then be Idiopathic.

The

1. The frequent use of Sedatives, destroying the tone of the whole System and particularly of the stomach, is one of the most frequent Causes.

a. The first of this head of Causes is Tea so frequently used in Common life. Many disputes have arisen concerning the nature of this. Some have been disposed to ascribe its effects to the form in which it is employed, and blame only the warm water. This may have a share, but Tea in sub-stance will prove emetic, and therefore Sedative. They say there are persons who take strong Tea in a small quantity of water without Effects. But I consider this only as an instance of so many stomachs that are able to resist its Sedative power, and is no proof against so many Instances as we have to the Contrary. I drink a weak infusion of Tea, and do not feel its Effects; but I have an hundred times experienced that a strong Infusion debilitates me so much as to induce a Tremor on the slightest occasion.

B. Another Sedative is the frequent use of Bitters. How far these are Tonics and Stimulants in their first effects, or how far their Combinations with astringents may operate in this way, I cannot say. But I think I have had many occasions to observe that they possess a narcotic power, as I hinted, under the subject of Gout, of The Portland powder. However diffi-

cult

difficult it may be to reconcile this with the great quantity of Bark sometimes taken with impunity; But from its long and constant use I have seen the same effects produced.

δ. Substances acknowledged to be Narcotic, such as Opium, will in time weaken the Tone of the Stomach - Among the Turks, where Opium is much used, it often produces this effect; and even here, where used as a remedy, the same thing has happened - It destroys the appetite, and therefore the Turks can go long without food; but it destroys the appetite by destroying the Tone of the Stomach - To the same Narcotic quality I impute the loss of appetite from the free use of Intoxicating Liquors - Sometimes the quantity has a share in the effect, from over-distention; but not the whole, as spirituous Liquors in small quantity have the same effect

ε. Tobacco also acts like Opium in destroying the Tone of the Stomach - But it may likewise do it in another way, viz. by wasting the Saliva, which is necessary to the appetite and the functions of the Stomach - But that it is narcotic I know from its producing the same effect sometimes when taken into the stomach, as is often the case, in the form of snuff.

E.

E. Putrid matter - This in the Stomach may be consider-ed as acting in the same manner as Sedatives, and even as an immediate poison; and therefore very quan-tity of it may induce atonia of the stomach.

2. For the second head of Causes of Dyspepsia we may reckon the frequent repetition of Stimulants of every kind, which from repetition are found to lose their power, either by destroying the Irritability, or the Tone of the Fibres, of the Stomach - But from a Law of the System every Excitement is followed by a Collapse, which may tend to induce the same loss of Tone in Stomach - To this head of Causes belongs the frequent use of Aromatics - These are the Condimenta commonly used - There are Cases in which we do not perceive their Effect. But there are con-trary Cases.

3. The Third head of Causes is the frequent use of Relaxants. For an Example I shall take warm water I do not know a more difficult Theory than that of account-ing for the modus Operandi of warm water We cannot Conceive that it should Operate on the Stomach as on the Cuticle; for the Stomach is always humid and always de-fended by Mucus - Heat affords no better Light, as we seldom take fluids warmed above the degree of animal heat.

But

But I take it as a fact that warm water destroys the Tone of the Stomach - It would appear that, as the Extreme Vessels constantly require the Stimulus of Cold, so does the Stomach, which we know will bear the Cold of Ice very well - Besides fluids do not stimulate the Stomach as solids, which excite its action - Water and Liquid food seem to want this quality of giving a proper Stimulus to the Stomach - Whether in this, or any other way, it is certain that warm water has a considerable effect - And I know that independant of Impregnations, the frequent use of Tea weakens the Tone of the Stomach.

4. Over-distention applies to the whole System, and therefore to the Stomach - Thus every great quantity of aliments operates - Every fibre is strained - Some of the food will rise up to the Pylorus, and in some measure stop it, which occasions the contents to remain longer than natural -

5. Frequent Vomiting may also be considered as a Cause of Dyspepsia - I have know Instances of Young Women, who for the Sake of their Shape, and Complexion, not being able to withstand the force of appetite, have, after eating a full dinner, Sollicited Vomiting and discharged it all, till by this daily practice they have quite superseded their own digestion,

and

and by destroying the action of the Stomach have induced disease. There are perhaps few such Instances; but there are people who frequently use Vomits for curing pretended diseases - and I know this to have been a certain means of inducing the disease they wanted to avoid.

6. Want of necessary Stimulus, such as Cold and solid food, which we are to be such, taking less Condimenta than usual, &c. - There are Instances of other Stimuli regularly supplied by Nature, and become necessary from Custom, such as Saliva; a Constant Effusion from the Salivary ducts induces a loss of appetite and atony of the Stomach - Thus it is possible also that the gastric and Pancreatic Juice being in too small a quantity, from causes not unknown, may operate in this way - The Case of the Bile is more obvious, as appears sometimes in the Jaundice - These are the Causes inducing the Anorexia and other Symptoms which constitute the Idiopathic Dyspepsia -

There are other Causes which may also affect the Stomach, but more indirectly, and through the intervention of the brain - Thus any affection of the

the Sensorium, as Compression or Cutting the Sympathetic nerve, may induce Paralysis and atonia of the Stomach - Causes diminishing the Energy of the Sensorium, as grief, Sadness, &c, have the same effect - We have a curious instance of this in certain Temperaments, disposed to grief and Sadness, which is especially attended with a Loss of Tone in the Fibres of the Stomach, as in Hypondriasis - It is sufficiently clear that the several Causes affecting the whole system in that way, may also affect the Stomach - But it is probable that more particular affections of Parts connected by sympathy with the Stomach, will have that effect; such as the atonia of the Extreme vessels occuring in febrile disorders; such also as the Genitals, and Uterus in women, being affected: That they are connected with the Stomach appears in Fluor albus, Chlorosis, obstructed Menses, &c - Whatever you may think of this Theory, it is a fact that Schirrus, and an atonic state of the abdominal Viscera, are attended with Symptoms of dyspepsia, and therefore Scirrhus of the Liver, Spleen, &c arising to Cachexia, is chiefly discovered by Symptoms

symptoms of Dyspepsia, which I think probably explained by a communication of atonia from those Viscera to the fibres of the Stomach - another remarkable connexion of the Stomach is with the Vessels of the Joints, as I have explained upon the subject of the Gout. Causes of atonia in the Joints induce ~~[illegible]~~ it in the Stomach - The Kidneys may be supposed to affect the Stomach, like all other abdominal Viscera; but when treating of the Gout I endeavoured to prove that the Kidneys ought to be considered in the Light of Extreme Vessels, particularly connected with the Stomach - And as we have seen it of the Gout, so I have frequently observed Nephretic Paroxysms ushered in by atonia of the Stomach - When to these Causes of Anorexia you join the consideration of other Symptoms of Dyspepsia, produced by the same Causes, I think it is probable that the Cause of this disease is an atonia of the Stomach -

In order to investigate the Complicated disease Dyspepsia, I said it was necessary to consider its various Symptoms - I begun with that of Anorexia, depending on a weaker action of the fibres of the Stomach - Now I proceed to the other Symptoms.

Nausea

Nausea. This may obvious be considered only as a higher degree of anorexia. Still higher it proves a Vomitus. This, then, and loss of appetite are the extremes of the same symptom, and therefore if they be explained the intermediate Nausea will of course be understood. Therefore with regard to Vomiting, the most common of the two, it is thought to proceed from a direct stimulus applied to the stomach. This may often be the case. But it has been an unlucky mistake, to have always recourse to direct stimuli from impression, overlooking sensations of consciousness which arise from inertia and want of stimulus, attended with a reaction to those fibres, particularly suited to remove the cause of the uneasiness. All this appears in Vomitus. Boerhaave on the subject of Nausea and vomitus febrilis, asks for causes of direct stimuli only, therefore overlooks the true state of the stomach in fever. I have touched this on the subject of fever, but shall repeat it shortly. Vomiting is a frequent attender of syncope from causes that cannot be conceived to act directly on the stomach, as from some circumstances of

Bloodletting

Bloodletting, which affect the Stomach with an uneasy sensation, in Consequence of the debility they throw over the whole System - Merely disagreeable Sensations on the Stomach, without stimuli, such as disagreable Gastes, excite Nausea and vomiting - There are certainly persons who have these affections by taking in much Water, much Oil or Fat meat, which cannot be supposed to act as stimuli - I have seen lately, in Consequence of much fat meat taken in, an Apoplexy induced, by the Communication of atonia to the Sensorium - All disagreeable Odours and Tastes will have this effect, whether Sedative or Stimulant - Opium excites this disagreeable Sensation - Hence a person could hardly poison himself with solid Opium, as a vomiting would be produced and the Opium discharged - Every thing mild and bland taken into the Stomach when it is not fitted to perform its functions with these, will excite Vomiting; and it is not in proportion to their Irritation, but whatever gives occasion to the action of the Stomach will have the same effect - The action truly being uneasy - We have states of the stomach without any change in its sensibility or Irritability, but induced by some topical affection, in which every thing will prove a vomit - I will not assert that Emetics never act as

as Stimuli, but I think the most of them act chiefly by producing a disagreable Sensation - If covered they will often lie quietly on the stomach - Nay in persons whose Imaginations are easily moved, vomiting is induced from the sight or Remembrance of the substance that formerly was so disagreable to them - all this is not reconcileable with the Operations of Emetics by stimulus - That Nausea may arise from a sense of debility or Sense of Resistance upon the whole System, is also certain; and there is no doubt, therefore, that Anorexia, Fastidium, Nausea, and Vomiting are not only gres of the same symptom only, and depend on a debility of the fibres of the Stomach - As Symptoms of Dyspepsia, Nausea and Vomiting concur, then, in confirming the Proximate Cause we have given of this disease, viz, an atonia of the Stomach.

Inflatio, or flatulent distention of the Stomach from its contents - We cannot suppose that either solids or fluids acquire any considerable degree of Extension from the heat of the body - Therefore with all Physicians we attribute this to the Extraction of an air, from a fixed to an Elastic State, which when in an unusual degree occasions an Inflation of the stomach - What are the Causes of this Extrication?

Ger

Certainly in many Cases this is to be imputed to the more or less fermentable quality of the aliment; but mostly to the debility of the Stomach - and its being transitory proves it is reabsorbed - air is every where in our aliments, our Chyle, blood, &c - It is often extricated by the Diminution of pressure of the external air - But there seems to be a power in the stomach to investigate the Elastic air, so as to make its Elasticity disappear - This we take to be Trituration by the strong fibres of the Stomach - With regard to reabsorption, we understand that the air is reassumed by other bodies, such as the Saliva and gastric fluid in the Stomach - No fermentation happens without extrication of Air, and then Reabsorption of it - The whole conduct of fermentation in the stomach we impute to the quality of these fluids; - and we impute Flatulency to a defect of the gastric fluid, proceeding from a weakness of the fibres of the stomach; and thus Inflation concurs with other symptoms of Dyspepsia to establish a debility of the fibres of the stomach. It is from a defect of investigation that the air is collected in its state of Elasticity in those quantities which escape by the upper Orifice superior

to

to every other part of the stomach - yet partly by the muscular fibres surrounding the Cardia, and partly by the Contraction of the stomach, it is that air does not easily escape by this Orifice, but excites a disagreeable sensation there, which produces an inverted motion of the fibres, in Consequence of which the air driven up-wards produces Eructus, different from vomiting only in the degree of Inversion, which does not require the assistance of the diaphragm and other parts - This again concurs in establishing a debility of the fibres of the stomach as the Cause of Dyspepsia.

Ruminatio is an inverted motion of the stomach in some Animals, which again brings up into the mouth the Solids less dissolved, for a new Mastication. It more especially takes place for solids, as most solid aliments are specifically lighter than fluids, and therefore swim nearer the Cardia, and will operate there in the same manner as those Collections of air which occasion Eructus - This Ro is a symptom of a weak Stomach, a mark of difficult solution; and though it may arise from the Texture of these aliments less liable to Putrefaction, yet under an action sufficiently vigorous they would be taken down again from the Surface, and be mixt and dissolved with the rest.

Car

Cardialgia. This may appear doubtful to Critical Nosologists – Savauges distinguishes this from Gastrodynia (Gen. 202, 203.), as his Character of Cardialgia is "Molestia in Stomacho synconem minitans." – Which Linnaeus expresses thus "Cardiae dolor Scrobiculi subsynconalis" – Vogel does not take notice of this subsynconalis – And I am in the same condition – and that sense of Syncope coming on I have never found in myself or others laboring under Cardialgia – There are two pains of the stomach. The first is confined to the upper orifice of the Stomach – It is the dolor Scorbiculi or dolor Cardiae of Linnaeus, distinguished by the place and by the feeling. It is a kind of heat or acrimony (for these two are difficult to be distinguished from each other) and arising from Acrids – Linnaeus describes it under the name of Soda, "Oesophagi "dolor rancido deurens ructibus calidis" The Character of Vogel is nearly the same "Dolor urens calidus e Ventri "=culo in Fauces assurgens" Savauges also describes that sensation in his Gen. 200. Pyrosis – "Sensus ardoris in "Ventriculo et oesophago sine febre acuta" It is this I mean by Cardialgia, – called in English Heartburn: from many observations we know that it may arise from any acrid matter applied to the Cardia, the most sensible part of the Stomach – It may therefore arise from any Acrimony in the Stomach – The most common Case of

acrimony in the Stomach is that of acid acrimony, and this is to be taken with other Symptoms of Dyspepsia, as proceeding from Debility of the Stomach - In every di-gestion there is an acid generated - Upon many occasions acids and Acescents are taken in large quantities into the Stomach without inducing Cardialgia and Rectus - Therefore there must be a reabsorption of acid matter: and to account for this I will not enter into any The-ory, nor explain it as Boerhaave did by Imbiscation. It is enough to say that reabsorption depends on the action of the animal fluids, such as the Saliva, gastric fluid, and Mucus; and that acidity appears after much Spitting and evacuation of other fluids, particularly - From this it appears that that Symptom is owing to a defect of the gastric Liquor - But the Symptom of pre-vailing acidity is so frequent as to deserve more con-sideration -

If the acid appears in Consequence of fer-mentation, as must be allowed, and is strictly connect-ed with Extrication of air, the same Causes may induce both; and therefore acidity proceeds from a weakness of the Stomach. It arises also in another way - The acid of the Stomach, whether taken in or produced there, is certainly investigated there, but never so much as to escape in pretty considerable quantity by the Pylorus, to unite with the Bile.

Bath.

But, &c. –

On the subject of Dyspepsia I bestow some pains, because it makes two thirds of our practice in Chronic Diseases, after Pyrexia – at the same time, it lies still in confusion; and I am glad I have now leisure to consider it more fully –

I was speaking of Cardialgia, a pain at the upper orifice of the Stomach, attended with a sense of heat or acrimony – This is the common notion of our heartburn. It may arise from unusual sensibility of the Cardia, but more commonly from acrimony in the Stomach; the most frequent of which is an acid acrimony; and therefore Cardialgia or Pectus acidi indicate a prevailing acidity for a symptom of Dyspepsia – as acidity is the effect of fermentation, and formed at the same time that an unusual quantity of air is evolved, its prevalence in the stomach seems to be preferable, like that of air, to the weaker action of the Stomach – But both air and acid are again reabsorbed; and if we consider that the gastric fluids are the chief means of the reabsorption of these substances, we understand also how the weaker action of the Stomach may induce the absence of these fluids –

The slower evacuation of the stomach is also frequently the cause of these symptoms, because the bile in this

this Case does not soon cover the acid - This is confirm-ed from a surprizing degree of acidity being produced by Scirrhosity of the Pylorus, so as to corrode even the Linen Cloth on which it is thrown up - again, on this same account it may depend on the greater or less solubility of the aliment -, and if thus we explain how apples, Cu-cumbers, Melons, Cabbage, &c produce in some people of a weak stomach a great degree of acidity, from their more slow dissolution - Therefore we have found this Symptom of Cardialgia owing, like the rest of the Symptoms of Dyspepsia, to an atonia of the Stomach.

Gastrodynia. is every pain of the Stomach, except Gastritis and Cardialgia - It is the definition of Sauvages Genus 203. Gastrodynia - Linnaeus is still more general under the name of Gastrica "Ventriculi dolor "Epigastrica, by which he excepts only Cardialgia or Dolor Scrobiculi - Vogel is still more simple in his Cenadynia, which is plainly "Ventriculi dolor" - But he suggests a Limitation, in some measure necessary, in the next Genus, Pneumatosis or Inflation of the Stomach; and to distinguish it from this we must limit it to a small space, and take it for an acute pain - Having thus distinguished Gastrodynia, I say it depends on Spasm - We know dis-

-pent

different Sources of Pain.

1. Impression, either mechanical or Chemical, from acrid matter.

2. Distension.

3. Spasm, or violent Contraction of muscular Fibres –

4. Oscillations propagated to parts there, in Consequence of resistance, they meet.

almost all acrids in the stomach are seldom felt at any place except the Cardia – Therefore we must take Gastrodynia to depend on Spasm; and this may, perhaps, be owing to some acrid, or direct Stimulus, but more frequently to atonia, which disposes to Spasm; and therefore Gastrodynia also points out that atony as the Cause of the Disease –

Alvus adstricta. There are instances of Lientery where the matter taken by the mouth has appeared in a natural state from the Anus about an hour after. The common course of the aliment in the Intestines is to give one stool in 24 hours – But there are considerable differences in this respect – There are people who have no stool for eight days – The dryness of the Colon, or some other Circumstance, may be the Cause of a slow belly – But in Dysenteries where the Constriction of the Colon induces

the

the Retention of the Stools, the best means of remov-ing the disease is to excite the action of the upper small Intestines - Therefore the weaker action of the Intestines, and even the weaker action of the Stomach alone, may be a Cause of Costiveness - To this may be imputed the Costive-ness of Women, and of Melancholic and atrabilarian Temperaments, in whom a general Torpor of the System particularly shews itself in the alimentary Canal - Therefore Costiveness concurs with all other Symptoms of Dyspepsia to establish the same Proximate Cause, Atonia

Thus I have enumerated all the symptoms of Irregular action of the Stomach, or interrupted di-gestion, which being collected may make a Genus called Dyspepsia. However it is difficult to mark this disease, except you take in also the Proximate Cause, or atony, to distinguish it from the same symptoms induced by Poison, external violence, &c. The permanency of Dyspepsia makes its chief distinction from them I have enumerated some of these poi-sonous substances as remote Causes of Dyspepsia; but they must be considered as such only when they induce a debility on the stomach - Thus also Dyspepsia may be distinguished from Scirrhi and Inflamation - Its se-paration from Inflamation is easy; but that from scirrhi

-ities

scirrhosities of the Pylorus, or other parts of the stomach, is extremely difficult. It is difficult also by external symptoms to distinguish the Idiopathic from Sympathetic cases; but this is very necessary, as our practice depends upon it. Observe in the first place, that though I have marked many causes acting on the stomach itself, and therefore inducing Idiopathic Dyspepsia, these cases are very rare. From a consideration of causes, and from Experience, we learn that the sympathetic affection is by far the most frequent.

It is necessary here to speak of the several cases of sympathetic Dyspepsia. They may be reduced to these.

1. Dyspepsia Febrilis.
2. Dyspepsia Paralytica.
3. Dyspepsia Hypochondriaca.
4. Dyspepsia Hysterica.
5. Dyspepsia Chlorotica.
6. Dyspepsia Catamenialis.
7. Dyspepsia Hæmorrhoidalis.
8. Dyspepsia Cacheptica.
9. Dyspepsia Arthritica.
10. Dyspepsia Nephretica.

a. I have had occasion before to point out fully how the causes of fever affect the

the Stomach, so as to produce a Dyspepsia febrilis. But it will always be viewed and treated only as a symp-tomatic affection, and will never be mistaken for Idiopathic when there is a fever - But both Inter-mittent and Continued fevers, though seemingly re-moved, often leave behind them a certain Diathesis disposing to a relapse, and often affecting the Stomach so as to produce Dyspepsia - There is not a more ob-stinate Dyspepsia than that arising from the im-perfect Solution of Intermittents - But the Bark in these Cases cures the disease -

B. With regard to the Dyspepsia Paralytica; It is com-mon for the vital and Natural Functions to escape, while the Animal are affected - But if the Paly attacks the Blood Vessels, as is sometimes the Case, though rarely, it extends also to the stomach - It is then easy to distinguish it from Paralytic affection being present - But I have observed that Paralysis often begins by Dyspepsia; and this is so combined with the Paly that there is certainly a foundation for the Dyspepsia Paralytica.

d. Dyspepsia Hypochondriaca, or Dyspepsia of Melancholic and atrabilarian Temperaments -

On

On this account I formerly treated the whole Subject of Dyspepsia under the Title of Hypochondriasis, but improperly, as the notion of Hypochondriasis has always been considered as a Case where the Mind was affected by Languor, Fear, and Sadness, as you see in the Characters. How far the affection of the mind has been looked upon as the Chief affection in Hypochondriasis, you may best learn from the Characters of other Nosologists - See Sauvages Gen. 220. - Linnaeus 76. - Vogels 218. Therefore I have found two Genera of these diseases, distinguished by the affection of the Mind - But I find the Symptoms of the mind are often present and absent in the same person, under the same affection; and on the other hand in the Dyspepsia Arthritica the mind is much affected - Therefore I think that another Character should be taken into Hypochondriasis, viz, Dyspepsia in Temperamento melancholico -; a step to its Cause.

5. Dyspepsia Hysterica - This is the source of still more Confusion - I shall hereafter say that Hysteria, in its proper limits, is to be considered a spasmodic affection of the whole Alimentary Canal, with circumstances in the Age, Temperament, and Causes which dis-

-tinguish

distinguish it from Dyspepsia - It is frequently obvious that at the same time that, frequent Convulsions of the alimentary will leave the Stomach in such a state of debi-lity as to produce Dyspepsia; and it is this Dyspepsia that is preceded and produced by Hysteria, which I call Dys-pepsia Hysterica - again it is easy to see that these dis-eases may be combined, and give still more properly the Dyspepsia Hysterica, - When the Dyspepsia is induced by Hysteria, and again appears to relapse into Hysteria. Causes exciting proper Hysteria may also in a less degree produce Dyspepsia or a Combination.

5. Dyspepsia Chlorotica - The Theory Chlorosis is diffi-cult, but nothing is more evident than that it consists chiefly in a Loss of Tone, particularly affecting the Stomach - again, nothing is more evident than that the Uterus, where we suppose the atonia begins, is par-ticularly connected with the Stomach - We shall con-sider this Dyspepsia Chlorotica more fully hereafter; but this Species leads me to two remarks -

First, it is evident that Chlorosis is almost constantly attended with other Symptoms of Dyspepsia, particularly anorexia, the fundamental Symptom. But here the Chlorosis is sometimes attended with a han-

ap

appetite, unusual in degree and in the object of its desire - How far this may belong to debility in the Stomach deserves our attention - I think it may be come an appetite from a sensation of consciousness. Hunger arises from a sensation of Emptiness of the Stomach; and though I formerly said that it depends chiefly on the vigorous tone of the Stomach, it is only so far as this Tone gives occasion to feel more sensibly the want of necessary distention -

To study Pathology, we must chiefly study the Pathology of the Stomach, and on this account I dwell so long on Dyspepsia - I concluded my last Lecture by a Question, how to reconcile the sharp keen appetite in Chlorosis with the general debility of the Stomach - I observed that though appetite arises from the Tone of the fibres of the stomach, it more immediately depends on a sense of depletion, more particularly felt in consequence of the Tone of the stomach - It is probable that appetite may thus arise from the want of some usual stimulus, as craving for salt food - But such appetites are generally irregular - Appetite is certainly deriveed from usual Causes & natural Objects - But Custom has certainly a very great influence in this - an Englishman will never think of satisfying his appetite with sour Milk or Oatmeal Parridge - But a German will think of the former, and a Scotchman of the latter -

I knew a person who had been abroad for more than a year, yet when he was returning home had a an appetite only for Oatmeal Porrage, the food to which he had been accustomed -

Again unusual causes of appetite directed to unusual aliments, which cannot be explained in any other way, - But as we say that such things are blue and others green, &c. In such cases the efficient cause is always unknown - Dr Hoffmans maxim, that atonia always induces Spasm, is generally allowed, and to such enervated action or Spasmodic motion from atony, I ascribe the Cause of Morsus Ventriculi, sense of Tearing, gnawing, &c, which often end in Spasm and Gastro-dynia - Those morsus Ventriculi are combined with a craving for food, and are relieved by a little bread - You may observe that this appetite is analagous to the natural one, both arising from an enervated action - But natural appetite comes from supported tone, and that from enervated action in Consequence of atonia -

I have arrived at what I wanted, viz, to establish the Character of Dyspepsia, as depending on

on atony of the Stomach - Part of those Considerations arose from that of Dyspepsia Chlorotica - I might have added here another Species of Dyspepsia, Gravidarum. It is scarcely an object of Practice, but it particularly points out the connexion between the uterus and Stomach

3. Dyspepsia Catamenialis - In all Cases where the men-ses are much diminished, or suppressed, the Stomach is affected, with particular Circumstance, that this affection is more readily disposed to a Spasmodic ~~Contr~~ striction - and similar to it is the Dyspepsia arising from Fluor Albus - In distinguishing the proper fluor Albus from other affections depending on increased Secretion of mucous Glands, Ulcerations, &c. I employ this mark, that the Proper fluor Albus is accompanied with Morsus Ventriculi, Dyspepsia, &c - Now nothing will be more ready understood than why dispepsia has been Confounded with Hyste-ria - At the same time take notice of the Confusion that has prevailed in our Systems concerning the Distinction of Hypochondriasis, Hysteria, and Dyspepsia, which have all been confounded together under the general denomina-tion of Nervous diseases. But there is too much danger

in

in general Terms, which are always an Asylum. Ignorantia.
I will say in general that I know of no author, who, in treat-
-ing of Hysteria, Dyspepsia, and Hypochondriasis, has not
by these general Terms thrown much Confusion on the Doc-
-trine - Therefore it is absolutely necessary to consider
particularly the Dyspepsia idiopathica & Symptomatica
and therefore I have considered the different Species of this:
I go on to

1. Dyspepsia Hemorrhoidalis. We have many instances of
the Vena Portarum being particularly connected with the
Stomach - For this I refer you to the Stahlians - When-
ever the hemorrhoidal discharge becomes habitual, an en-
-crease or diminution in the flow has considerable effects
on the System in general, but specially on the Stomach.

2. Dyspepsia Cachectica is also a Term too general in
our Systematics, particularly in Boerhaave - So far
as I see it must be limited to an incipient Anasarca,
from a general loss of Tone in the Exhalent and ab-
-sorbent Vessels - This state, then, which we call Cachex
-ia we find very frequently connected with Scirrhosities
of the Abdominal Viscera, producing a stagnation of
the Venous blood - But there are Scirrhosities of the ab-
-dom

Abdominal Viscera which cannot operate in this man-ner, and yet produce Cacheexia and Dyspepsia, which I explain by a Translation of atonia of the Viscera that are connected with the Stomach - There may be other Cases of Dyspepsia, which may be comprehended un-der this head, such as repelled Eruptions, and old Ulcera-tions dried up, of which the chief effects are Dyspepsia, Cacheexia, and Dropsy - The common account of this is, that by these Eruptions and Ulcers an acrimony was evacuated, which being reabsorbed into the System produces these disorders - But how that acrimony diffused through the whole Mass destroys the Tone of the System, is not easily explained - But it appears that if there be acri-mony in these Cases, it operates as a Sedative, and thereby induces atony, and therefore recenters into the Causes of Dyspepsia - But this acrimony is frequently merely imaginary, and there is only a Translation of atonia - On this Subject see Morgagni, Epist. 55. - I have seen this morning a Lady who has long been troubled with an Ulceration of the Mamma - a singular acrimony was suspected, and if it were dried all bad Consequences were apprehended - It was connected with Suppression of Menses, which, by an effort of Nature, were restored, and from that moment

the

the Ulcer put on the appearances of a mild ulcer, and very soon after dried up, and I suppose will not return, unless the Original Cause, obstructed Menses, again recurs - She had no such symptoms follow the drying of the Ulcer as are considered the necessary Consequence in such Cases - This should caution us against suppressions of Acrimony.

1. Dyspepsia Arthritica & Nephritica - of these I spoke largely when treating of the Gout - What I then said of the Gout, and of its irregularity depending on atony, may serve to illustrate the present subject; and this again may serve to explain what was then said, and what has often been observed, that atonia may be translated from one part to another

Cure of Dyspepsia - according to the Laws of method we would suppose that it should be directed only to the Idiopathic affections, as the Symptomatic will be cured with the Idiopathic disease - But there is here something particular, from the great Connexion of the Stomach with other parts; and as in many Cases we cannot apply our Tonics to the part primarily affected, we apply them with success to the Stomach - There is a particular reason for considering the means of restoring the Tone of the Stomach even in Sympathetic dyspepsia; and though we

we can never hope so much by this as by attacking the primary disease, yet on this account the Treatment of Dyspepsia in diseases is an important object, and ought to be considered fully - The Indication is to restore the Tone of the Stomach - But as this is always a work of Time, it is incumbent on us in the mean while to avoid Occasional and Remote Causes, and prevent aggrevating Symptoms - Therefore we shall first speak of avoiding Remote Causes, and those Symptoms which may be considered as such, and then of restoring entirely the Tone of the Stomach -

1. Among the remote Causes of Dyspepsia already considered, one of the most frequent is Indolence of Body and Mind. If it were not for Impressions we should always be a sleep; and the due Exercise of the Functions of Sense and Motion is absolutely necessary to support our System - It is very necessary that the attention of the mind be turned to particular, engaging Object - Often have I seen Dyspepsia cured in this way alone.

2. Another remote Cause is an Over distention of the System, not from Surfeit, which is to be relieved only vomiting, but from full Living - I doubt the

Whether a sharp appetite does not induce to eat too much - and I think that most persons in health do eat too much, and this induces Dyspepsia, in proportion as the appetite is indulged - We should in the next place attend to the quality of our food, but this is not so important as the quantity.

3. I mentioned some particular aliments which act as Sedatives, one of which was Tea, and I might with equal Propriety have mentioned Coffee, and other habitual narcotic Ingesta - I knew a Gentleman troubled with Cardialgic Symptoms, which, as is usual, affected him in the night, when in a Horrizontal Posture - These continued against all Tonics, and at last were accidentally discovered to depend on Coffee, and upon refraining from it these Symptoms were relieved - Tobacco also, chiefly when chewed, or even when snuffed, if allowed to be swallowed (as is sometimes the Case) may induce Dyspepsia. I knew a Gentleman who also by accident discovered Snuff to be the Cause of his Complaints, which were entirely removed by laying aside his Snuff-Box - Drams, both as a Stimulus and a narcotic, are certainly, as is Opium, a frequent Cause of

Dys

Dyspepsia, chiefly when taken to the degree of Intoxication, operating both by over-distention and by their Narcotic power, as in habitual Drunkards -

4. Excess of Venery in both Sexes destroys the Tone of the stomach, like every Excitement of the Nervous -

5. All relaxing powers, chiefly warm drinks; and though I impute many bad effects to Sea sickness, yet I am ready to think much ought also to be attributed to the Warm water -

6. Cold constantly applied, chiefly to the Lower extremities, diminishes the Tone of the extreme vessels, will therefore certainly induce a slow Belly and Dyspepsia - I have shown warm flannel shirts and stockings cures this Disease -

7. Moisture of the Air, which explains how in some Persons Dyspepsia chiefly appears in Cold and moist weather - Some have been freed from this, by going to a warm Climate in winter.

I have referred the Cure of Dyspepsia to Three heads or Indications - The first was avoiding remote Causes - On this we have spoken fully There are some other Circumstances which may be considered as

as Remote Causes, such as Aperient Food, &c. But of these by and by. It is often sufficient to avoid remote causes, as the Stomach will afterwards of itself recover its Tone as much as System will permit. Therefore this Indication is absolutely necessary, and without it all the rest will be useless.

II. Our second Indication is to remove such Symptoms of Dyspepsia as aggravate and support the disease, before we can hope to restore the Tone of the Stomach. These are

1. Indigestion,
2. Acidity.
3. Costiveness.

By Indigestion we mean the Retention and degeneration of aliments in the Stomach. It is obvious that this Symptom will be a cause of Anorexia, and even Nausea; and as it arises from Insolubility of the aliment or weakness of the Stomach, these will be longer retained, and by their fermentation and effects on the new Ingesta will constantly aggravate the disease. and in many Cases will prevent the effects of the remedies we employ. Therefore this Symptom is to be corrected by vomiting, which accordingly properly begins the Cure of Dyspepsia most commonly;

as

II

to evacuating any indigested aliment, it is necessary; but observe it is also useful upon another account. I have often observed that Vomiting determines to the Surface. It does this by exciting the action of the fibres of the stomach, upon the want of which this disease so often depends. I come now to the means of exciting Vomiting. These are of two kinds

a. Vomiting may be excited by warm water alone, especially if impregnated with disagreable Bitters, as Chamomile, &c, or Green Tea; or with Stimulants, as Horseradish, Mustard, Spiritus Cornu Cervi. By these means we give a purge or a washing of the stomach.

B. To excite proper Vomiting we employ Ipecacuana, White Vitriol, Tartar Emetic, &c, introduced in warm Water, or warm water Impregnated, which assists their Operation.

If Evacuation is the only indication, the Purge and washing of the stomach by the first means are sufficient. But if it is necessary to excite Vomiting, so as to determine to the Surface, stronger stimuli are necessary. We have every day instances of this. I know that washing the Stomach may be a temporary relief, but it is Temporary merely, and is to be repeated every day;

while

while Tartar Emetic would have relieved at once for a fortnight - More universally, however, we avoid this kind of vomits, but improperly in the Cure of the Dys-pepsia - Nothing is more common than to have a quantity of viscid Mucus thrown up, and nothing is more common than to consider this as the Cause of Anorexia - But this is fallacious - There is no proof of its being in the Stomach before, or the Cause of the disorder - The Stomach is supplied with an immense number of mucous Follicles, which upon any occasion can furnish a considerable quantity of Mucus - M. Senac examined the Stomach after death by scowering it, and thought, but was mistaken, that so much mucus could not come from these follicles, and that it must therefore come from the blood vessels. Vomiting will evacuate this mucus, and therefore there is no proof of its being morbid - Again there is nothing more common than a discharge of Acid, but this does not at all prove a prevalent morbid acidity - The human stomach is never without acid, and often it is there in great quantity, without giving any morbid Symptom - The same may be said of a Quantity of Bile. If Vomiting is strong and accompanied with much effort, the Biliary ducts will be emulged, and the Bile brought up into the Stomach - Down Phlegm, acid and Bile may be

be the Cause of the disorder, but not so much as has been thought, and as has been given out by the Apothecaries, to recommend their own Practice, who will shew from the end of a feather the large quantity of Ugly Froth which was in the Stomach. There are a number of occasions in which the Inference is false, and the frequent repetition of Vomiting founded upon this, is very precarious. There is no end to these Complaints, and every vomit often brings up the same matter; While at the same time the too frequent use of Emetics weakens the Tone of the Stomach and aggrevates the disease it was intended to Cure.

The second Symptom referred to this Indication was Acidity. Notwithstanding what has been just now said, I have formerly Explained how this may be the Consequence of the weakness of the Stomach, and a Cause of aggrevating the disease. This Consequence is founded more on Facts than on Reasoning. But it is also founded on reasoning, from the Effects of the Acids on the Lips, if they have not as astringents and make the Lips pale, &c, they will diminish the Tone of the Stomach when taken into it, and, no doubt, have often been found Sedative. But acids have also a Stimulent quality joined with their Sedative power; and this leads me to observe that it is rather from other

Cir

Circumstances than from prevailing Acidity alone, that the bad effects of this arise - It is observed that it is rather the effects of Acescency in a state of Fermentation than from Fermented acids themselves - If Vinegar has these effects, they may be deduced from its little Perfection, as Boerhaave found it* I doubt whether acid has this sedative effect so much as the mephetic air which is eg-tricated during Fermentation - This has certainly a sedative effect on our System - But this does not much affect our Consideration of the disease; and as Acidity and Me-phetic air go hand in hand, we may take it on the footing of prevailing Acidity - It is to be avoided in practice by avoiding all acescent diet, and employing animal food - In the Cure of dyspepsia there is nothing more ne-cessary than to avoid every kind of acescent food; a small quantity of which I have often seen produce this disorder. A Young Lady had long be troubled with Complaints of Dyspepsia - By my direction she avoid all Vegetables, and ate only bread with the Lightest animal food, and she was free from her disorder for more than a year before the accident I am to relate happened - It was by accident one Evening at supper in Large Company where she was present

* Boerhaave found Vinegar to be much in the state of wine.

present - a Pudding, adorned with Orange Chips, was set down by her - One of these Chips she eat, notwithstand I forbad her; but before I arose from supper she sent for me - I found her with a violent pain in her stomach, even more severe than she had ever had - I know several instances of this kind - Yet this is commonly pushed too far, by avoiding Vegetables altogether for a considerable time - Animal food alone is hurtful to the body - and I have seen a perfect Sea Scurvy induced by feeding entirely on animal food - The Ballance of out System is always more delicate in proportion to its fullness, and in this way animal food often exposes to diseases, chiefly in weak Constitutions - From these Considerations I would advise every person of a weak stomach, to eat as much Vegetable as possible - The Oaten bread been blamed for its Acidity, but Wheat will have the same effect if unfermented - and if the Oat be well fermented it will tend no more to acidity than the wheat. Olera and fruits are much more noxious here than the Farinacea - There are some persons in whom the smallest quantity of Vegetable food will have bad effects - But there are few Cases of Dyspepsia in which the System is not at different times able more

or

or less to bear Acids - Some persons are never troubled with Acidity, but in consequence of some Excess. I know a Case where from her own Confession a Woman never was troubled with Dyspepsia, unless when she had been guilty of Excess, and that too of a particular kind, excess of Venery - I know in myself, who have the misfortune of a weak Stomach, at present, under the Fatigue of Lecturing &c, could not drink a gill of Claret without exciting vomiting - But I know that a month hence, when I shall free from this fatigue, I shall be able to drink a point of Claret - Even now I could drink Madeira without any such effect - Or if I were to travel 20 or 30 miles I could drink - We should take the opportunity of these times when the Stomach is most vigorous to introduce as much Vegetable food as may be taken with safety; and every person ought to attend much to his own Constitution and its different states at different times - In avoiding Acescent food we are more specially to avoid all unfermented, and, still more, fermenting Liquors - All Wines not well fermented, and that have

have still any Saccharine matter involved, have a bad effect; and therefore in the choice of Wines, well fermented ones should be preferred - Old Claret agrees better with me than the new - Dyspeptic People should always avoid Malt Liquors, because they are never so perfectly fermented as Wines - It is said that Porter is to be excepted, and it is true, because it not only contains much bitter; but also because the best Porter is the most fermented - Vinegar is no so mischevious as vinous Liquors - However all such liquors are precarious, and to be used with Caution - Therefore nothing is more common than their bad effects in Dyspeptic people; and generally on that account they drink water alone; but some from habit are obliged to mix Spirit with it, and with Propriety, though this habit is attended with Effects almost equally pernicious, as the necessity of having constant recourse to Spirits encreases, which is little better than Dram-drinking - When acidity is present it is to be corrected, as it is always encreasing the Fermentation - It is corrected by Absorbents, Alkaline Salts, Limewater, and Soap

Absorbents and Soap have this advantage, that they

they will not introduce any acrimony into the System but in proportion to the acid they meet; and when this is not present, they pass off with the faces; and therefore are safer in Children and Infants, where alkalies might induce a hurtful acrimony - Soap acts also as an Absorbent; but it contains a Salt, by which it proves a Laxative, and thus, to those who can bear it, has a particular advantage - Magnesia has the advantage both of absorbents and Soap, and is perhaps preferable to either - alkalies may be useful, but the Caustic are rather to be preferred to the mild - Hence the use of Lime-water - But this is not easily explained - Perhaps the Caustic Alkali is more readily applied to the acid than the mild - Homberg found long ago a proof of this, by observing that upon the first application of a Caustic and mild alkali to an acid, there was no effervescence - Perhaps also the Caustic more readily dissolves the Mucus, and therefore more readily applies to the acid - Besides this, I have said that Mephetic air is often generated in the Stomach morbidly - It may be absorbing this mephetic air that Caustic alkalies are preferable -

Our third Symptom is Costiveness, which implies a slower action of the whole intestinal Canal,

and

and a longer retention, and thus an encreased Acidity of the alimenti - As encreased action above is commonly communicated below, and vice versa, I deduce also that diminished action will be communicated above, and vice versa. Hence Costiveness, however induced, will aggrevate the symptoms of dyspepsia - and hence the use of a regular belly in this disease - But Purgatives are always improper, as they leave an atony and affriction in consequence of Evacuation, and also give occasion to Flatulency -

The Cure of Dyspepsia depends upon the several means of strengthening the Tone of Stomach, and this should be our ~~fundamental~~ Indication, though not properly the first - It requires some Time to be fulfilled, and in the mean while it is necessary to avoid remote Causes, and to correct the Symptoms that aggrevate the disease, Indigestion, Acidity, and Costiveness - of the first two we have already treated: The last is not only a symptom of the weakness of the Stomach and of the whole alimentary Canal; but it likewise occasions a longer Retention, and thereby favours indigestion and the production of Acidity - Besides it is reasonable to suppose that

atonia

atonia in some part of the alimentary canal will have its effects on the parts above, as well as on those below; and therefore it is of importance to keep a regular belly - But Purgatives are hurtful, except in a very few cases, and are never proper for keeping the belly regular. The reason of this is doubtful; but it is well known that after the first effects they leave an atonia of the Intestines, and Costiveness, which our intention is to obviate only, and not to purge -

Therefore the first Indication is to obviate Costiveness by Diet, so as to avoid habitual Stimuli - With regard to this, there is an immense difference in different Persons - Water generally encreases costiveness, while fermented Liquors open the Belly - But some persons are purged by red Wine, some by white, and some by Porter, &c - I know some who are purged, but more made costive by Claret - Vegetables will prove costive to many, but Laxative to many more - Therefore it is only by the attention of every Person to his own diet that we keep the belly open in this way - But such diet is often to be taken only while the State of the disease admits of a considerable Latitude; when Vegetables and fermented Beer, for example, can be supported - But often this is impossible, and then we must have recourse to gentle

Lax

Laxatives, such as Acid Fruits and Saccharine Substances, as Manna. These are the nearest to Diet. But they are liable to generate Flatulency, as Olera.

We consider the Neutral Salts as being the next Laxatives in degree, but they come nearer to acrid Purgatives, and their dose is difficult to ascertain. Too small they do not operate at all, too great they operate too much. Not less than an Ounce of Glaubers Salts in many persons will induce four Stools; a less quantity will induce none. Besides Neutral Salts certainly act as Sedatives on the Intestines. They generate Flatulency; and though they are not equally liable as other Purgatives to leave astriction and Costiveness, yet, if their operation be full, they do. All these objections extend also to the Acrid Purgatives. Their Operation can scarce be limited. If twenty grains of Jallap are an ordinary dose, and operate four times, ten grains will not operate twice, nay nor once. While they Operate more they leave a much greater Constriction.

The management, then, of Costiveness by Purgatives is very difficult. Those, however, are the most proper that operate rather on the large intestines than on the small ones. But, a priori, we know none such, except Glisters; according nothing is more proper than

Glisters

Glisters pro tempore & but because they operate only on the great Guts their effect is not constant - Besides they are disagreeable and inconvenient - We want a medicine that shall stimulate a little the whole Intestinal Canal, but particularly the great guts - Aloes, a posteriori, has been found such - It excites particularly the action of the great Guts - Aloes in the smallest Dose often operates as much as it would in a larger one. Five grains will often operate as much as twenty; and the difference of the Dose, with very few Exceptions, is attended with no great difference in the Operation, except in the Gripes - This makes me believe that it operates chiefly on the great Guts; and hence its great use through all Europe -

As for the Forms of it, I can say from Experience that its diffusion in Soap, Extract of Gentian, and the addition of some Saline matter, such as Sal Polychrestum, is best - Then form that in Scotland is called Andersons Pill, but whether the same or not I cannot say, but are fully as useful -

Another mild Purgative, which I know not what to refer to, is Sulphur - This in flowers, or reduced to a fine powder, will be a good Laxative and scarcely

ever

ever Purgative; and is particularly fitted here to Obviate Costiveness - Whether, as Aloes, it operates chiefly on the great Gut, I cannot say - But in the Piles it proves a most useful Laxative - But it requires a bulky Dose, commonly half a drachm, which lies heavy on weak stomachs, and is disagreeable to the Patient - Yet it is proper chiefly when Dyspepsia is combin-ed with Hemorrhoids, where Aloes would be improper -

Oleum Ricini or Palma Christi is a very use-ful Laxative, and will Operate in a small dose, obviating Costiveness with very little Purging, and without leaving the same astriction that other Purgatives do - From all my Experience of it, which is but little, I can very much re-commend it - But it must be prosecuted further - This is all that I think proper to offer upon these three Symp-toms, though I might have added a fourth, viz, Dejection of Spirits which is very frequent - But this will more pro-perly be considered under Hypochondriasis -

III. We come now to our third Indication - To restore the Tone of the Stomach - This is answered by

1. Direct applications to the stomach, Tonics, or
2. Applications to the whole System.

The first are of two kinds,

a.

a. Simple Stimuli, which have no permanent effects.
b. Tonics which have permanent Effects.

Under the Stimuli we may mention Aromatics, which may be considered as simple Stimuli, which we learn from their obviating audity and flatulency of the aliments with which they are combined, as Condimenta - No doubt, then, they may be considered as Stimuli, and therefore, they excite the action of the Stomach; and thus they may cure Cardialgia and Gastrodynia - But further, they are Carminatives, producing Ructus and discharges of Wind, which is more difficult to explain - We might suppose that, as antispasmodics, they removed some spasm of the Cardia, which confined the Flatus - But there are some Aromatics, such as Peppermint water, which immediately produce the expulsion of Flatus - It is probable that this wind was in the stomach, but as they will have this effect on every one, it is not probable that they act by removing Spasm at the Cardia - The Ructus is produced by an inverted motion of the Stomach, owing to some application to its upper sensible orifice; and it is natural to suppose the Carminatives, by their volatile parts, will be applied to that orifice and produce the inverted motion which forces it open and occasions Ructus -

b. Another Order of Stimuli are Salines,

Acids

Acids and Neutrals - With regard to the former, we know from frequent Experience that they excite the action of the Stomach - Perhaps all acids have this quality, but especially those that have undergone a perfect fermentation; as those which are fermenting generate Mephetic air - acids that are well fermented are remarkable for checking that Fermentation - We employ commonly the Vitriolic, combined with Aromatics in Elixir Vitrioli - But it is the acid only which operates - The quantity of aromatics is too small to render the medicine agreeable, and by changing it for the Simple Spirit of Vitriol I have made it often more manageable with as good effects - Muriatic acid has often been employed, though the present Practitioners take little notice of it - We are not confined to Fossil acids - and nothing has been found fitter to excite the action of the Stomach than Distilled Vegetable acid incapable of Fermentation. Forty years ago Tar water was employed almost in all families; and it is surprizing after so many facts related of its good Effects it should not be so much neglected - Certainly those Testimonies were not all accurate and just, though given de bon Foi - But supposing that many of them were false, yet there is a foundation for truth, but then it is very confined, and particularly to Dyspepsia, or

diseases

diseases depending on Dyspepsia - But accurately examined and considered, it appears to cure Dyspepsia by exciting the action of the stomach; and it does this by its combination with Vegetable distilled acid -

Tar water is made by a kind of Distillation of the Vegetable acid, which gives an Oil - and in proportion as the Oil is drained from its acid it is better for the artist - Hence a bounty has been offered on Tar that is most free from acid - But it is the worse for medical uses - and the Tar of Norway, which has more acid, is much better - Mr Reid by many Experiments with Tar in medicine, has found that the distilled acid freed from its Oil has as good effect as the Infusion - I have gone further, and have many times repeated the Distillation of the acid, before it Butter from the oil; and by that means got as good, and a much more convenient, Medicine for the Dyspepsia than the best Tar -

Neutral Sals as well as acids are stimulant to the Stomach - But this quality more specially belongs to the neutral forms of the muriatic acid. You will readily allow that Sea Salt may have a stimulus extended to the Stomach - This a stimulus we have a natural appetite for, and no

Nation

nation on earth dispenses with the use of it. As a remedy, its stimulus on the stomach frequently appears. I have often prevented a constant vomiting by sea salt. All this is confirmed by a famous medicine, Tinctura Aperitiva Mavii, to be found in the chemical works of Hoffman. This is a combination of Muriatic acid with Salt of Tartar, but in a less proportion than to saturate the acid; and joined with the Tinctura Rosarum to make the taste agreeable. It acquired Mavius a great reputation. I have often tried it with good effect. Hoffman thinks it might be improved by employing the volatile alkali. One of the best stomachics I have found is a strong solution of sea salt, with a few drops of Muriatic acid. Whether acids, as sedative, or even as stimulant, constantly used may not do harm, is not determined. I know a person who every day takes much vitriolic acid before dinner. I think it is probable that such a long use of acids, either as sedative or stimulant, may destroy the tone of the stomach. But I do not say this from experience: it is only because I am of an opinion that no powerful medicine can be long continued, without inducing a contrary morbid state.

2. Tonics are of two kinds,

a. Bitters.

b. Chalybeates.

Bitters

Bitters - this article in our Pharmacopœia contains a great number of substances, but few in which it is not combined with some other quality - We shall begin with simple Bitter -

We have said the Cure of Dyspepsia is to be conducted

I. By avoiding remote Causes.

II. By correcting particular Symptoms.

III. By restoring the Tone of the Stomach — This is the radical cure - and is answered

1. By Applications to the Stomach. &

2. By Remedies applied to the Whole System.

Particular applications are of two kinds

A. Simple Stimuli.

B. Tonics.

Of the former we have already spoken - The latter are of two kinds, Bitters and Chalybeates.

Bitters are of great variety, but not to be noticed, because they are not distinct - We may, however, distinguish.

1. Aromatic Bitters.

2. Astringent Bitters. and

3. Simple Bitters -

Sim.

Simple Bitters may be considered as stimulating and Purging - But perhaps nothing more than the Nausea they excite is necessary to do that - It is not evident that they act as Stimuli - But we know they act as Tonics and Strengthners - In due quantity they will Cure Intermittent fevers by their tonic and strengthening power on the fibres of the Stomach - If it is equally true that Bitters are always more effectual in the Cure of Intermittents when combined with Astringents, we would say that thus Combined they are better Tonics than simple Bitters - But we really do not know in practice the virtue of Bitters, because they are seldom employed in considerable quantity - If we had a more concentrated bitter, such as the Jesuits Bean, or Faba Sancti Ignatii, it is probable it would act more effectually - Columba Root is probably also a strong bitter - The Faba Sancti Ignatii cures in the Dose of a few grains, but a larger dose is poison - Whether this does not ascertain the poisonous quality of bitters, as, besides, we know that they kill some Animals? - In short, whatever be their modus Operandi, it is probable that by length of Time they will prove hurtful - Portlands Powder, which has been employed in the Gout, is certainly a Bitter, and it certainly destroys the Tone of the System, and therefore bitters in general be employed with Caution -

Cha

Chalybeates. Iron, like other metals, is a Tonic; but is without the strong narcotic power of Lead, or the emetic or stimulant power of Copper; and therefore it is a safe Tonic - But on this consideration, so far from having the bad effects attributed to it by the Stahlians (of suppressing natural Evacuations), it is a weak remedy - However, I have sometimes seen it act as a Tonic, but slowly - as for the form, it is indifferent with regard to its tonic power, though not, perhaps, as a Formula - If I were to give a preference to any, it would be the mineral waters, as being more readily applied, and in a more saline state, and as combined with water, which fills the extreme vessels and equates the action of the stomach. We have in this Country several mineral waters equal in goodness to the Foreign ones, of the Spa in Germany - Hartfield Spa in this Country has as strong an impregnation as any other, and contains more of the fixed aid, which renders it capable of Transportation - But on account of their wanting this advantage, foreign waters before they arrive here are often inert and even putrid - It is true that they are impregnated with the Volatile Vitriolic aid and and Mephetic Air, which escape by Transportation - Whether this be an advantage or not, I shall not pretend to determine - But I have seen bitter effects from Hart

-fell

Harfell water than from forreign ones

Remedies acting on the whole System.

a. Exercise strengthens the whole System, but especially the Extreme Vessels, and of consequence the Stomach - Hence constant, moderate Exercise is certainly a means of curing dyspepsia - Labouring people are free from this disease - Bodily exercise cannot be constant to those people who are not accustomed to it; and therefore can hardly expect any advantage from Prescribing it, as they will exercise only by fits, and then violently - But frequent walking in cool air is a good remedy - and I have cured some of Dyspepsia by engaging them in the study of Botany; as that obliged them to go to the fields in the morning - Some have been cured by undertaking the Management of their own Farms - Here the attention of the mind had its use, and the frequent exercise in cool air a greater - With regard to the means of exercise, if constant and moderate they are all useful - If temporary and violent they are hurtful - Cricket is inferior to Golfe - But the best Exercise is that of Gestation - I have explained how acts by exciting the action of the Extreme vessels, and there the action of those of the Stomach - Riding on Horseback is a capital remedy; because it is in the free air, because it is combined with bodily action,

and

and because it occupies the mind, so as to prevent any long studied train of thought, for which there is full leisure in a Coach -

B. Cold - Cold air is necessary to the animal Oeconomy, and therefore Exercise in the cold air, and even cold air, are very useful - Shaiting promotes Perspiration, as Boerhaave alledges; and by thus exciting the action of the extreme vessels, it acts in the same way on the fibres of the Stomach - Loitering in a warm Chamber is always hurtful, and I ought to have mentioned this as inducing Dyspepsia, when speaking of the Remote Causes - Cold drink, in the first Stages of the disease, is also useful - When there are morsus Ventriculi, Gastrodynia, or a spasmodic state of the Stomach, warm drinks may give immediate relief, though they act as relaxants, and finally make the disease worse - In the Application of cold, the cold bath has remarkable effects. It certainly strengthens the System, and excites the action of the extreme Vessels; for it enables those to support the Vicissitudes of cold very well, that are otherwise subject to Catarrhs and Colds -

This is the Cure of the Idiopathic Dyspepsia

Dyspepsia; but it might also be useful to treat the Symptomatic. But I have already treated of the disease in which it occurs, and shall have occasion to treat it in some others. It would be bringing the management of all medicine under the article of dyspepsia, were we to treat all symptomatic dyspepsias here. It may be expected also that I shall treat of the particular symptoms to be relieved, as well as the general Cure, and treat, for Example, with Dr Whytt of Convulsions, Diabetes, Asthma, Palpitation, &c. But all these are concurrence of other diseases, of which Dyspepsia is only a Symptom. In this way we should give a complete Treatise of the Nervous diseases in general, which in a course of Practice come better under their several Titles. Yet it will be useful to treat of the particular Symptoms of Dyspepsia, that may sometimes require particular treatment different from the general.

1. Anorexia. This requires no such particular and distinct treatment.

2. Nausea and Vomitus. If moderate they require no particular remedy. But if of the Spasmodic and violent kind, they require Opium.

3. Inflatio, Eructus, &c. These are to be relieved by Car

Carminatives or Antispasmodics.

4. Cardialgia from prevailing acidity is to be cured by Absorbents and Aromatics, and frequently also by Demulcents, chiefly the Extract of Liquorice, I had I forgot to mention before - How this operates I am at a loss; but as a Demulcent I think it may operate in two ways.

a. By supplying mucus, as we have seen in Catarrh - May it not operate in the same way, not only on the Top of the Pharynx, but also along the Oesophagus and Cardia?

b. By invisicating Acidity -

This may be used simply, or combined with Gum Arabic - Another Demulcent is Milk - and has the power of Curdling Milk, in a manner we do not well understand; but milk will cover the acid pro tempore, and thus give immediate relief in the Heartburn -

5. Gastrodynia - This is a Spasmodic affection, and to be cured, therefore, by Aromatics or Opiates - In what manner Aromatics and Stimulants, exciting the Peristaltic motion, remove the Spasm, I need not explain - In the next place we depend on Opium in such Cases, as the best remedy - But the several Antispasmodics may also be employed, as Volatile Alkali, Ether, and Musk - These upon occasion have been found useful, as Antispasmodics and as Carminatives; but when the Pain is severe we are obliged to have recourse to Opium, the principal Antispasmodic - A Remedy more commonly employed which

Com

combines a Stimulant and Narcotic power, is Brandy. But I cannot too often repeat that it is very liable to become habitual, and therefore it should be avoided when not necessary - Both it and and Opium, as Stimulants and Narcotics, must by time wear out the Tone of the stomach, and that general tendency, notwithstanding a few Exceptions, is a matter of Demonstration - This Caution is all that is necessary in the management of Opium - Aloes I have spoke of sufficiently

6. Alvus Constipatio - I have nothing to add to what was said of this before - - This finishes our Long consideration of Dyspepsia, and are now to proceed to our next Genus.

Gen. XIV. Hypochondriasis.

In Clinical Lectures formerly, and in a former Course of Practice, I delivered under this Title the Doctrine just delivered on Dyspepsia - No wonder then that it appeared a very large subject - But now, as we have limited it, "Dyspepsia in Temperamento melancholico, cum "Langore, tempore, metu, et moestitia," it must necessarily be short -

As for the Explanation of this, I have commended enough

enough on the Term Dyspepsia - Therefore the only part of the Character that requires attention, is the Symptoms Languor, Torpor, Metus, et Moestitia, which express an affection of the mind frequently accompanying Dyspep-sia, but put under this Title to throw more Simplicity on the Characters - They may attend Dyspepsia, but are inseparable from Hypochondriasis - This might lead us to various enquiries concerning the connexion between the body and mind; but these would be more curious than useful, and are therefore now to be avoided - I can say shortly that from every view of the animal Oeconomy, it ap-pears that there is a Tone of the Mind mutually cor-responding with a Tone of the Body, and producing each other - To illustrate this I will not quote a Physical writer, but shall read Shakespear to you - I will not advise you to read Shakespear, as Sydenham advised a young Physician to read Don Quixote, as absolutely necessa-ry to the study of Physic - But if you don't like to read Shakespear you will make but bad Physicians, as he has expressed Nature much better than most Physicians. I take the Scene in his Julius Cæsar, where Cassius opens his mind to Brutus - To prove himself equal to Cæsar he gives an account of their Bodily strength, of their Exercise,

and

and of their winning together - and then says,

"He had a fever when he was in Spain,
" And when

Now this is ingenious and artful in Shakespear, but there is a deception, and the reasoning is false; for it is possible that the Mind which Lucan compares to Thunder might in a state of sickness make him say," like a Love-sick Girl, give "me some drink Titinius!" It only shows that in sickness the greatest Spirit may be affected with Dejection, - and how far the body is connected with the mind -, and that from atonia of the body all the Symptoms of dejection of the mind, Fear, despair, &c may follow - It is easy to say, what has been said from Galen to Hoffman, "Temperamentum animi Temperamentum Corporis sequitur." But Why a rigid or dry fibre, and a Ballance prematurely thrown on the Nervous System, are connected with a melancholic Temperament of of the mind, is not easy to know - It is this Temperament of the body that distinguishes Hypochondri-asis from Dyspepsia, which more commonly occurs in Lax and Sanguineous habits - But observe further, that

in

in all the Cases of Dyspepsia already mentioned, except perhaps, the Dyspepsia Paralytica, which may be supposed to depend on the State of the Brain, chiefly affecting the Origin and Extremities of the Nerves, the affection begins in the Stomach, and is from thence sometimes communicated to the Sensorium - Whereas the Hypochondriasis always begins in the Sensorium, and is always communicated to the Stomach; and hence it ends so commonly in the Melancholia Mania, Apoplexia, and other diseases of the Sensorium Commune - This is all that is necessary to say on the Pathology of Hypochondriasis, and is sufficient to direct us to the method of Cure.

In Dyspepsia we said that the first Indication was to avoid remote Causes - But there are here some distinctions to be made - In Dyspepsia we were to avoid Indolence of mind, but in Cases of Hypochondriasis the mind is closely intent on a particular Subject, and the most Elaborate Researches have been pushed chiefly by Persons of a Hypochondriacal Temperament - Therefore we must endeavour to divert them from that close attention to a particular object, than which Indolence of mind is far Preferable - Indolence of Body is also to be avoided in Dyspepsia, but in Hypochondriasis, though Gestation

may

may sometimes be useful, yet all kinds of Bodily Exercise, if designed to strengthen the muscular Fibres, and encrease their Tone, they being already too rigid, are improper - There are not more deplorable Objects than Hypochondriacal persons constantly employed in Labour - Where as a State of Ease and Indolence is the best for their health -

The Luxuries of high Life, however, Tea, Coffee, Tobacco, and other Narcotics - Excess of Venery, and every degree of Intoxication, are as much to be avoided in Hypochondriasis as in Dyspepsia - Cold and moisture are here to be avoided -, Though in Hypochondriasis there is no loss of Tone, but only Torpor; and though the inhabitants of warm Climates, from the dryness of their fibres, are more subject to Hypochondriasis than those of Cold Climates, yet Hypochondriacal people are particularly relieved by warm Climates and Seasons.

The second Indication in Dyspepsia was, To correct the Symptoms aggrevating the disease, viz, Indigestion, Acidity, and Costiveness - This is also proper in Hypochondriasis -

To prevent Indigestion, Vomiting, by exciting the action of the Stomach, may be useful in both dis-

-eases

disease - But as in Hypochondriasis the weakness is rather in the state of the brain, this will be of less use there -

The means of correcting acidity are the same here as in Dyspepsia -

As to Costiveness, it is most frequent in the female sex, but much more remarkable in hypochondriac men, in whom chiefly all the examples of extreme Costiveness occur; and therefore it is more necessary to remove it here than in Dyspepsia - so long as the symptoms of acidity are not present, and before the disease has arrived to a considerable height, all Ascescents are useful Laxatives in Hypochondriasis, though improper in Dyspepsia - The same may be said of the Neutral Salts, which, from the rigid fibre, are not so constantly apt to leave astriction here - and hence hypochondriacal people have been greatly relieved by the constant use of them - a good one is the Soluble Tartar; at least in cases of Melancholia and Mania, so allied to Hypochondriasis, it has been found useful - Thus far the treatment, of course, agrees with the method laid down when speaking of Dyspepsia, as to avoiding remote causes, and obviating particular symptoms -

But

But with regard to the third Indication the difficulty is more considerable, and the difference greater, viz, restoring the Tone of the Stomach - as the fibres are already too rigid, all those Tonics that were employed with so much advantage in Dyspepsia are here superfluous, there being no natural loss of Tone - They may, however, be of service by their Stimulus - But with regard to proper Tonics, Bitters and Chalybeates, they are of little use, and actually do harm - No doubt by their Stimulus they may be useful; but considering their Tonic power, and the too great disposition of the System to an encreased tone already prevailing in Hypochondriasis, it must appear that will necessarily aggrevate the disease - Instead of Tonics in Hypochondriasis, Relaxants, both external and Internal, are remarkable useful - I know many Hypochondriacs, who are greatly relieved by much warm water, impregnated with Tea; many of whom have taken it in prodigious quantities for twenty or thirty years with Impunity at least, if not with advantage, while, on the Contrary, it is very pernicious in Sanguine Temperaments -

Exercise, so far as it promotes perspiration, is of remarkable service in Hypochondriasis - Sanctorius observed that a free perspiration was attended with chearfulness, and that obstructed perspiration, on the contrary, was

was attended with dejection - Therefore so far as Gestation will promote Perspiration, it may be very useful - But it must be confined to Gestation; constant bodily exercise, tending rather to make the Fibres rigid, will aggravate the disease - The same may be said of Cold Bathing - I know persons who have induced on their Systems artificial rigidity by its use - It diminishes Plumness - at the same time it may, as a stimulant, be useful - But as I know from Experience that is by no means successful in Hypochondriasis, though it may be in Dyspepsia - I would therefore avoid it - In this way I would vary the management of Dyspepsia and Hypochondriasis - I have still something to add with regard to the principal Symptom of Hypochondriasis, though it be likewise common sometimes in Dyspepsia - Viz, Dejection or Low Spirits - This might have been taken among the Symptoms of Dyspepsia, as aggravating the disease, which it considerably encreases, as well as their effects. When, therefore, that tone of the mind take place, as it is a Law of the animal Oeconomy that we indulge our present passions, which therefore encrease themselves, it is to be obviated -

1. By avoiding remote Causes acting directly on the mind

mind, by inducing Sadness, Timidity, &c. - To obviate the effects of these the Patient must be removed from all subjects of Anxiety; and as these occur chiefly at home, he should be made to travel, and removed to such objects as will not engage the mind, or present subjects of anxiety - But remove him any where, rather than let him stay at home -

2. This state of mind is to be diverted from the usual train of thinking, and turned to Occupations in which it may be engaged without anxiety. So I have cured persons by engaging them to Oversee the management of a Farm, an Occupation that affords variety and is but little engaging - But we commonly choose Amusements, which are useful in all their parts - Take care, however, that you do not mistake Gaming for Amusement - On the Contrary, nothing more enervates the mind than the spirit of Gaming. But variety is chiefly necessary - This advantage is particularly obtained by travelling - a man who takes his Exercise in the same way, where no new objects present themselves to him, will lose in a great measure the Benefit of it - Exercise of the body, I say, is much inferior to Gestation - But a man

car

carried in his Chariot and Trusting to his Postilion has no attention to the variety of obstacles and Objects in the way, and therefore loses one of the principal advantages of Riding, as he may look in one Corner of the Carriage, indulging his own pleasing train of thought - Hence riding on horseback, which I before said was hurtful, may have its advantages - Here the management of the horse, the difficulty of every bad step, and the variety of new objects which are seen prevent the mind from thought, and being often changed cause a variety of the mind, which is particularly useful - Driving a single horse-Chaise is also among the most useful Exercises - This is all I have to say on Hypochondriasis; and the mangement of Dejection of spirits leads me to speak a few words on Dr Whyths Book. I am unwilling to criticise the works of my late Collegue - The Book with its faults has many excellencies - But take Care in reading it - There is no such disorder in it as we have now been treating off - There is indeed a delicacy of the System, but not a word of the distinction of Hypochondriasis from Nervous Diseases in general, or of those disorders of the stomach which depend on the atonic state of the Sensorium or mind - and with regard to System, every thing is jumbled together, in an inextricable and undigested mass of Confusion ~~

Gen.

Gen. XLVI. Chlorosis.

According to the ordi-nary Idea of this disease, I say that its Character in diffi-rent Nosologists is a different history of it. Our Cha-racter is "Dyspepsia vel rei non esculentæ desiderium; "cutis pallor vel decoloratio; venæ minus plenæ; corporis "tumor mollis; asthenia; palpitatio; menstruorum ope "retentio." – The Character here given is a sufficient history of the disease – The only difficulty that will occur to you is from the words Menstruorum ope retentio – according to the common Idea, this disease is to be considered as absolutely inseperable from a retention of the Menses – But,

1. after employing the Term Cachexia for the name of a Class, I should not apply it to a particular Genus, which would have included the Cachexia of the moderns as a spe-cies – The state of the body is the same here as in Dyspepsia – "Cutis pallor vel Decoloratio; venæ minus plenæ," &c – are as constant symptoms of the Cachexia as of the pro-per Chlorosis – But I am not here to speak of the Cachexia considered generally as a beginning Anasarca –

2. A more curious reason for this is, that Emansio men-sium, put as an universal symptom, would confine the dis

disease to the female sex; whereas I have found the same in Boys and young men – "hei non esculentis desiderium" I had a student not many years ago who devoured many pounds of a stone which, in this Country, is called Rotten Rock, every day; as his teeth best manage it – I have had under my Care Boys eating Plaister of walls, &c like Chlorotic Girls; and several others such irregular appetites, depending on the same kind of Causes as Chlorosis –

But with regard to Chlorosis more particularly considered, the principal Circumstance there is evidently a want of red Blood; and hence anasarcous Symptoms commonly occur – The want of red Blood, and probably of Coagulable Lymph too, cannot be imputed to want of nutritious Aliment, because this is likewise used – It is, then, to be imputed to a fault of the Chylopoietic Organs, or Hæmatopoietic functions, if any such there are as these last; therefore we confine it to the first, which brings us back to Dyspepsia; and by tracing it higher we find it depends on an atonia of the Uterus – From the want of Red blood in the System, and perhaps also the want of Coagulable Lymph, you will understand how the fluids are suffered to run off in too great quantities.

Cure. I have here nothing to add to what was delivered when treating of the Amenorrhœa –

Ord.

Ord. III. Spasmi. —

By the Term Spasm the antients meant irregular motion, Tetanus as well as Epilepsy. But even the Antients more strictly applied it to muscular Contraction without Relaxation; and since the Moderns have distinguished Spasm from Convulsions, the Term Spasmus to express this order is not, strictly speaking, so good — But we have defined it, which is sufficient — "Musculorum vel Fibrarum mus"=cularium motus abnormes." It is common to confine the notion of Spasm to Voluntary muscular motions — But I think it should be extended to every muscular fibre — Savauges Character of Spasm is extremely im=proper, and inconsistent with his Genera Palpitatio and Hysteria — It was in order to point out this inconsis=tency that I formed my Character — Vogel has seen the Impropriety of Savauges definition — His own is "So"=lidorum mobilium Contractiones, vel agitationes." There is nothing more certain than that the Muscular fibres are Solida mobilia — But I leave to you to observe all these differences of Order between Sa=vauges, Linnaeus, and Vogel — Under the Term Mo=

tus

motus abnormes I comprehend every circumstance that is preternatural in the action of the muscular fibres, whether relative to the Cause or to the effect - But these Terms are more particularly applied, as specifying a peculiarity of the muscular action - While the muscles are under the power of the Will, if this be excited to an extreme degree of velocity, or Extension in the muscular Contractions it produces, we call these Convulsive motions, as well as when produced by other Causes - When the Contraction has a different effect from that produced by Nature, we call that also a morbid state, as when it forces the Cardia, Pylorus, Valves of the Colon, &c. Thus the perversion of the Peristaltic motion of the Alimentary Canal is a morbid State -

Lastly, as we find that every muscular Contraction naturally alternates with a state of Relaxation, and is at the same time more violent and permanent; we call it a SPASM; while all the rest of muscular Contractions we call more properly Convulsions. If we grant that there is such a distinction, it is not indifferent, as Gaubius observes, to mark it - Other Systematics have called Spasms "Convulsiones Tonici", - and Convulsions, "Convulsiones Clonici" - This is the foundation of the Spasmi tonici & Clonici of

La

Sauvages; – of the Distinction of Vogel, "Contractiones vel agitationes"; and of the "Spastici et agitatoni" of Linnaeus. They have made different Orders of them according to that Distinction. It is true that Spasms are sometimes well distinguished from Convulsions; but often it is impossible to distinguish them. But we have found another distinction necessary, according as the functions that are attacked are animal, vital or Natural. The title of the Animal functions comprehends the Tetanus, which belongs to Spasm; and the Convulsio and Epilepsia, which belong to Convulsions.

As for the Theory of Spasm, it depends on the common Laws of the Nervous System, and I should wish to begin with a general Theory of Their Laws, if I thought you properly prepared, either in Metaphysics or Physiology; or if I thought you more patient, and myself prepared for it. Therefore I am to treat of Particular Genera. But instead of Beginning with Tetanus, I will begin with

Epilepsia, which Contains all the different forms of Convulsions. In entering upon the con

consideration of this, I must give some general Theory of it

1. I suppose it demonstrated that muscular action depends on a Vis NERVEA, some power communicated to the Muscles from the Nerves.

2. The Vis Nervea depends on a certain Energy of the Brain, obviously and directly active - The motions of our System are by no means in proportion to the Impression made on the extremities of the Nerves; But the motions communicated to the Nervous System, suffer in the brain different modifications, and may be there further excited and encreased -

3. The action of the brain is exerted separately, and commonly determined by a certain Measure in degree, force, &c -

I will not enter into the disquisition concerning the number of actions that may be combined and performed by the human Soule, and whether it can attend to more than one at the same time - It is enough if we observe in general that every action is excited separately - When the action of the brain is excited to an inordinate degree, Epilepsy ensues - What is it that makes the brain susceptible of separate action, or of combined extraordinary action, or in other words, what is the Proximate

Cause

Cause of Epilepsy?. I choose to pass over this question. It is enough to examine the Remote Causes which induce that state of the brain, and we shall obtain from hence some indications of Cure.

Remote Causes are either Occasional or Predisponent, a distinction very well founded. When we see an Epilepsy induced by slight Causes, we suspect a Predisposition, and that these slight Causes are only occasional. Yet many Causes are neither occasional nor predisponent. By the point of a knife entering the brain, occasions an Epileptic fit, this is common to all mankind, and therefore is not an occasional, but a remote Cause only. But in most Cases the distinction applies very well in this disease, though in most others it is very improper. Before I proceed, I must observe that the brain is in different conditions for action, as appears by the different states of life and death, waking and sleeping, &c. To express these different Conditions, I employ the Terms Excitement and Collapse, by which terms I mean to convey no Theory. Now I think it will be useful to consider the Remote Causes of Epilepsy, as encreasing Excitement or encreasing Collapse, marking the same time those which cannot be reffered to an In

crease

Increase of either of these different States.

Though the action of the brain depends immediately on Excitement, yet we know it may arise from Causes of Collapse - Among the occasional Causes of Epilepsia, those which depend on encreased Excitement of the Brain may be referred to two heads,

I. Directly to the Brain itself.

II. To the rest of the System, and in Consequence acting on the brain -

The first may be called Stimuli, and are to be referred to four heads.

1. Mechanical Stimuli.
2. Chemical and Stimuli.
3. Mental Irritations.
4. Irritation from the distention of the blood Vessels of the brain.

Mechanical Stimuli are all sharp pointed Bodies, impelled by external force into the brain, or so situated that the motion of the brain itself applied to them, has the same effect; these are of three kinds.

a. All wounding instruments applied from without.
b. Splinters of Bones in Fractures of the Skull, impelled

impelled into the Brain -

d. Internal Exostoses or ossifications in the Membranes of of the brain, which are sharp pointed - This might lead us to examine whether it is enough that they act on the Membranes, or on the Cortical, or on the Medullary part - But as it is certain that such causes induce Epilepsy, these questions do not influence our Conclusion.

Chemical Stimuli from Acrimony, as in Abscesses and Effusions, frequently found by Dissections in Epileptic persons, and supposed to give the irritation occasioning the fits - But in many Cases it is more probable that the Cause which produced the Inflamation, the Cause of the abscess, should also produce the Epilepsy - But as this Case is generally incurable, the dispute is of no Consequence -

Certain Mental Irritations, such as considerable Emotions and Passions of the mind, or several affections of the Intellectual Functions - I do not suppose it necessary to prove that the Will acts in the Brain, and that it is confined to something of a Sensorium Commune, connected with the Origin of the Nerves - It is proper to consider all these violent mental Irritations

Irritations, whether they be causes of Excitement or Collapse, as inducing Epilepsy; but chiefly those that are Causes of Excitement as Joy and Anger- Passions of the mind may be considered as acting on the Nervous System, with very little effect on the Sanguiferous; But many operate on the Sanguiferous system chiefly - Joy acts almost entirely on the Nervous system. Anger operates first on the Nervous system, yet it produces Epilepsy from its action on the Sanguiferous, and occasioning a Turgescence in the Vessels of the Head— Under this head of mental Irritations, it is proper to mention Irritation of Epileptic fits - There are a number of Instances which shew how readily such motions are communicated from one person to another - This Irritation has been considered by many as an effect of horror, produced by the sight of the Convulsions and Contorsions of the face - But there is nothing more obvious than that this is not the whole -

Many motions rather ridiculous than horrid, will be communicated from one young person to another - Man, as Aristotle observes is, an imitating Animal - We know the power of imitation in yawning, Coughing, and several other

motions

motions - It is particularly to be observed in Epilepsy and other Convulsions - This influences our Practice - It infers that in order to produce some action or motion of the body, it is enough that the Idea of this motion or action be conceived in the mind - It is very possible that even during the absence of Epileptic persons, the Imagination alone renewing that Idea, may induce Epilepsy -

There are so many Instances of renewal of Ideas by association, that we cannot doubt of this - A Lady with Child had occasion to have a Gown enlarged, and as the Mantua Maker, who must fit on the Gown before she finishes it, was performing her Office, which obliged the Lady to stand for some time, the long standing, otherwise incapable of inducing sickness, now brought on a considerable degree of sickness - The business was deferred till the Next Day, when the Mantua maker came again to try on the Gown; but before that could be done a sickness and Vomiting came on, and the business was deferred. On the third Day the Mantua Maker came again; but now the sight of the same person and Gown brought on a sickness without standing - another Mantua maker and gown were provided, and the former process avoided -

But

But the sight of the former gown, even in the Closet, afterwards, immediately produced Vomiting, till after her Delivery, and the predisposing Cause removed - Van Swieten mentions a Boy whose Epileptic fits were renewed by the sight of the Dog, that, by leaning on him, had first induced them - I know many instances of dreams having the same Effect - and it of great Consequence to attend to this in Practice -

The fourth head of Causes is, Overdistention of the Vessels of the Brain - This one of the most frequent Exciting Causes of Epilepsy, an is the most within the power of Art - From dissections of Epileptic persons the Vessels of the Brain are often found distended, as you may see in the Historia Anatomico-medica of Lieutaud - L. III. Cas 78. Art. 236, 243. 252. This last is certainly to be considered as an obstruction of the Jugular Vein - 301. Hemorrhagy of the nose - 481. to the same purpose, &c -

I have begun by Epilepsy, because it is the Genus that best explains the other Spasmi * -

J

*. The Character of Epilepsia is, and the Order Spasmi ("Functionibus animalibus") - "Musculorum convulsio cum "Sopore" —

I have not entered farther into the Theory than is necessary to explain the general Phenomena — Johannes Crato, the greatest man of the age in which he lived, and Archealer of three successive Emperors, earnestly desired to live till he should hear a satisfactory Theory of Epilepsy - He, poor man, died without the gratification of his Wish - And had he lived till this time, I fear he would not have been happier - We have, however, a Theory, but as it is not very satisfactory I will not take up your time with it -

To take another Course, we consider the evident Causes of it; a very necessary Step - They are either occasional or Praedisponent -

The Occasional are of two kinds

1. By increased Excitement.
2. By increased Collapse.

The first of these are of two kinds -

1. as acting directly on the Brain.
2. as acting on the whole System -

The former of these may be re-

refered to four heads,

1. Mechanical Stimuli —
2. Chemical Acrimony —
3. Mental Irritation — and here I added Imitation of Epilepsy, taking occasion from hence to shew the power of the Ideas of the Mind to excite actions of the body; and pointing at the application of this to Epilepsy, by shewing the power of the association of Ideas to renew the disease. I forgot to enquire into the Nature of the Epilepsia Simulata, which should be considered here — No doubt some persons have the power of imitating the different Epileptic motions, or of bringing upon themselves a true fit of Epilepsy. Roman Catholics furnish many histories of this kind, as you may see in De Haen — Whether are these motions under the conduct of the Will entirely? — This supposition is as difficult as any other; for to the greatest part of mankind this imitation is utterly impossible — Hence the difficulty of detecting them — If they were always Conscious, they would be sensible to Impressions of Pain — But even the actual Cautery and other painful Impressions have been borne by many, without giving

the

the least symptoms of pain, or alteration of condition - I think, then, this is to be explained by the power of the Imagination, by supposing that these people, by thus working on their Imagination, bring on themselves a real fit of Epilepsy - I don't know whether you have had any Experience to illustrate this - I have very narrowly escaped from falling down a Precipice - Immediately after I felt ~~certain~~ certain sensations, which however did not proceed to Epilepsy; but I had a violent shaking in so considerable a degree as to approach very near to Epilepsy - and even to this day, the sight of the place, and even recalling the Idea of my former situation, will produce the same Sensations and shaking, though in a less degree; for time has in some measure worn out the first impression - Therefore the power of the Imagination in Epilepsy is very much to be attended -

5. Turgescence and Overdistention of the vessels of the Brain - To illustrate this I said that in numerous dissections of Epileptic persons we find all the marks of distention and accumulation of blood in the vessels of the brain - See Lieutaud's Historia Anatomica Medica, Lib, III. C. 173. 236, 243. 272. 280. 301. 481. - To these Cases you may join many others, shewing

fire

previous Inflamation in the brain; and what amount to the same, is a state of purulence of the Brain, which does not happen anywhere without previous Inflamation - Phrenitis is frequently accompanied with Epilepsy - Serous Effusions are often found in Epilepsy. On the subject of Apoplexy I distinguished Hæmorrhagic and Hydropic Effusions - In hydropic Cases we cannot infer any previous accumulation, &c - Epilepsy happens also, as we shall see by and by, in Consequence of this - But when there are other marks of previous accumulation, these Serous Effusions concur to prove it -

As another proof, we may mention that, Epilepsy is often the Consequence of Mania, headach, and Apoplexy, which often depend on previous accumulation - Every occasional Cause of Turgescency of the blood, is an occasional Cause of Epilepsy - Thus anger probably operate in this way, as we judge from the suffusion of the face that accompanies it - The heat of the Sun, or of a warm Chamber, violent Exercise, Surfeit, and Intoxication, are all Cases of Turgescency, and may bring on Epilepsy.

There is one other difficulty, viz, to explain the

the Influence which the heavenly bodies, the Changes of the Moon, the Time of the Tides, &c often have here - The Theory of Dr Mead upon this, is by no means satisfactory - How heavenly Bodies operate I won't say, but I think it is often by inducing Turgescency in the brain - But how does Overdistention induce Epilepsy? I cannot say - Considering Overdistention only as a cause of too great Excitement, and that a due distention is the chief support of Excitement, I think it may be ranked among Causes of encreased Excitement - But Theory is not necessary here -

I come now to Causes operating on the brain, through the intervention of other parts of the body.

1. All strong sensations, whether from the nature of the Impression, or from the particular sensibility and Idiosyncrasy of the part affected, may bring on Epilepsy - Thus exquisite Pleasure and acute pain - But sensations of Colour, Tone, and of Figure, which do not depend upon the Intensity of the Impression, do not produce Epilepsy, except by association. Those only of Light, Noise, Odours, and Taste, and acute feeling, which may depend on the Intensity of the Impression, by bringing

great

great pain, may bring on Epilepsy - Strong Sensations prove Causes of Epilepsy, chiefly when surprizing, unforeseen, and unexpected -

Without entering into Theory I will give a hint to explain this - The action of the brain, with regard to its force, order, and velocity of succession, admits of a certain Latitude, its action being sometimes greater sometimes less, but with Limits which sometimes are very narrow, in so much that if the will offers to perform any action in an unusual degree, it readily loses its Command, and its motions become confused, irregular, and excessive - all this applies easily - Whatever sensations go beyond the Tenour of the brain, will excite its action to excess - There is a peculiarity of Expression that has a particular effect in that way - Impressions of Titulation produce frequent and repeated Oscillations, inducing painful or voluptuous convulsions, and sometimes both, which may be carried to the length of Death. It has been referred to the head of exquisite pleasure - But in former Cases it has been painful; and if it affects the mind with pleasure it is by the frequent Oscillations it induces - There are certain impressions whose Operations are obscure, because they are attended with no

Sen

sensation or Consciousness - Such is the effect of Calculi. In Lieutaud you find the Dissection of a Person who had been Epileptic, in whom nothing more than a stone in the Pelvis of the Kidney was found, which stone was quoted as the Cause of the Disease - Van Swieten says that the Conclusion was not just, because in many Cases of Epilepsy we see, on dissection, no evident Cause of the Disease; and the Stone might be accidental - But he relates that he knew a person delivered from Epilepsy, upon passing a Calculus, not previously felt in the urinary passages, which decides the question - In this way several Impressions operate - Thus Worms sometimes excite Sensations, and give indications of their presence - But often they give none - and I know many Cases in which they were the Causes of Epilepsy, and were not known to be so till they were expelled -

To these I would join that of Acrimony in Abscesses, Acidities in the Primæ Viæ, &c - No doubt Epilepsy on the Eruption of the small pox may arise from Acrimony in Blood - as these Causes may operate without Sensation, their modus operandi must be difficult - Many of them act

as

as acrid and direct Stimuli – But at the same time it is probable that many of them act as Sedatives by inducing Collapse; which will appear more probable hereafter – But there is another Ambiguous Case, viz. suppressed Excretions, or Old Ulcers dried – There is no doubt of the Fact, but of the Modus Operandi – When it is a suppression of the Hemorrhoids, Menses, &c, it may, no doubt, act by inducing Plethora, and thus belong to Cases of over-distention of the Vessels of the brain & Even in the Case of old Ulcers, if the evacuation was coagulable Lymph, the suppression of it may also induce Plethora and over-distention of the brain. But with regard to the repulsion of Eruptions and Ulcers which discharged little, they operate in another way, often no doubt by an acrimony, as a direct Stimulus. But another remarkable effect of them is, that they induce dropsy – and certainly they do this by a Sedative power – To account for such an effect, it is enough to suppose a translation of atonia, from these parts where the discharge has become necessary, to the Brain –

I have spoken of the several Causes of Epilepsy that may be supposed to act by increasing Excitement, or in ambiguous Cases may be referred to this head.

I

I come now to those which operate by inducing Collapse –

That the powers which induce Excitement may also induce Collapse, has been confirmed by Examples, to which you may add, these –

1. Hæmorrhages sometimes induce Epilepsy, and by inducing Collapse; for they terminate in Syncope, Apoplexia, &c, – and after Collapse a Reaction – The same Causes of Syncope and Apoplexy are Causes of Epilepsy upon occasion – Why in some Cases of Collapse reaction ensues, is difficult to say – But it does not affect the question –

2. The passion of Fear, or rather Terror, from an object of immediate and great evil, suddenly Deus – Without entering into the history of the human mind and its passions, I would observe that every case of uncertainty gives fear. Children, before they have acquired Experience, are frightened in the Dark * – But Objects of fear chiefly act, if disagreeable, and even if unusual and strong when suddenly presented – Almost every person will start at the noise of a cannon – In persons of extreme sensibility the

* The signs of fear which young Children discover, when left in the dark, are commonly attributed to imaginary Causes – Fear arises only from a Consciousness of danger – But before Children have acquired Experience to prove the non existance of the Bugbears of their Mothers and Nurses, they are frightened in the Dark when alone – B

the falling of a Pocker will have the same effect, and may induce Epilepsy - Fear, according its kind and degree, operates very differently - No doubt it is generally as a Sedative power - But if more constant and moderate, it has a Tonic power, and may cure convulsive motions, hiccoughs, Intermittent fevers, &c - Its Sedative power is sufficiently evident from its effects when in an higher degree, by producing Apoplexy, Paly, Syncope, and even death itself, when it is without reaction; but when with reaction, it induces Tremor, Convulsions, and Epilepsy - So far its operation seems very purely on the Nervous System -

But all passions have a great effect on the Sanguiferous System - Some of the Effects of fear must also be referred to this - Passions act almost all on different Parts - Fear, inducing strong Palpitations, acts on the heart, and very likely on the arteries also - Hence it may induce Stagnations in the Arterial System, and in the way, by inducing a Stagnation of the blood or Turgescency of the brain, it may induce apoplexy or Epilepsy -

A young man in a Ship, was suddenly waked by the Ships striking upon a Rock, in consequence of which she sunk; but he with several others escaped with the

the greatest difficulty - after he had escaped the danger he was seized with an Epileptic fit, which often occurred during two years, before he became Patient - But every specific had been tried without giving relief - There was a peculiarity in his Case - For while the fits were separated by good intervals of three or four weeks, you might distinguish the approaching fit by considerable headach, pain over the right Eye, and considerable Inflamation of the Adnata - There were plainly symptoms of Congestion in the Brain - Hence I put him on a low diet (for before he eat flesh and drank Wine in the same plenty as people in health), ordered large Venesections; and Leeches on the Temples, and kept his belly open - He was at the age of 18, an age inclining to Plethora, which required more attention - He was, by this Treatment free from his fits for several months - But they returned, whether from his taking more liberty in living, or from what other Cause I know not - He had a Brother who was of the Faculty, and now came from abroad, who was so fully satisfied of the propriety of my method, that he repeated the Bleeding several time ad deliquium animi. Whether they have since returned I cannot say, but two years after I enquired and found that they then had not - This proves that fear may induce Epilepsy, by inducing irregularities on the Sanguiferous System, which gives occasion to congestions

congestions in the head - The power of imagination to renew the fit, applies here - Thus we account for the case mentioned by Van Swieten, of a Boy that was frightened into an Epilepsy by a great Dog, jumping upon him - afterwards the sight of that or any other great dog would bring on the fit - all which cases are very difficult because of the difficulty of stopping the Imagination -

3. After Terror comes Horror, or the perception of something very disagreeable - Of this we have many example. Thus we have seen many Idiosyncrasies, in Consequence of which the sight of something particular brought on Epilepsy, not by a Sedative power in general, as it acts on a few persons only, but by a Sedative power only as being disagreeable - If this produces no reaction, Syncope ensues - If a reaction follows, with little variety, Hysteria and Epilepsy ensue - But such Cases of Idiosyncrasy are few - And most of our disagreeable sensations are to Every body - The most disagreeable Sensation I can think of, is a strong smell of animal Putrifaction, and so we commonly say "the stench strikes me down" We know that nauseous tastes often produce Hysteria, Epilepsy, &c, but not by their action on the Tongue alone, but also by their action on the

the stomach, which is very sensible - I have seen one Instance where Ipecacuana produced Syncope, and in another Epilepsy - The Wife of an Apothecary had a strong Asthmatic, when Ipecacuana was taken out of the Box in the shop, even if she was in the most distant part of the house - I think this may be explained by a Communication of atonia to the Brain - among other Causes of Epilepsy, Poisons are one, are you may see in the Eclampsia of Savages - They may operate as Stimuli, but most of them as Sedatives and Narcotics -

A singular Circumstance of Epilepsy is the Aura Epileptica - A Sensation of a stream of Air or water, warm or Cold, along the Course of the Limb to the head, which it no sooner reaches than it produces a Stupor, followed by an Epileptic fit. The Authors vary so much, and are so confined on this, that I cannot make it clear - It accompanies the approach of Many Epilepsies - The Theory of it I must not attempt - But two curious questions occur with regard to it -

1. Is it always a proof that Epilepsy is of the Sympathetic kind, and produced by primary affection of the Organ

Organ from which the Aura proceeds? — Apriori we would say that there are many affections of the brain, beginning in these places; and therefore it may also be the Case here — But we know so many Instances of it arising from Organic affections, whose Cure induces the Cure of Epilepsy, that we take it to be always a proof of Sympathetic Epilepsy, as this often stops by Cutting through the Nerve, and thus Interrupting the Communication —

2. Whether this is caused by a Sedative or Stimulant Power?
A priori we have no assistance in this — I have already, and that in many Cases of supposed Acrimony, we are certain that it is sedative power which is communicated to the System — In Hysteria we have such Instances of the Ball running through the Alimentary Canal, and inducing Convulsions when it arrives at the Brain; and often also Stupor and Weakness, which gives the presumption that this acts by Collapse —

If we consider how much Epilepsy is combined with Apoplexy and Palsy, how often it Precedes and supersedes them, and that a Congestion and Effusion in the brain are found in both Cases, we may with Probability say that they arise from the same Cause, or from the same Causes of Compression, chiefly when Palsy succeeds Epilepsy, depending here on Over-distention of the Vessels, which arises, by frequent Repetitions, to Effusion, and thus induces Palsy or Apoplexy. In other Cases the frequent repetitions of Causes of Collapse, inducing Epilepsy, may bring on at last that Collapse which

induces

induces Palsy. We see that after the fit often leave a stupor of the brain. But when the Epilepsy succeed to the Palsy, we suspect that Compression is the Cause of Both. We have frequent Instances of Epilepsy succeeding Hydropic Effusion; but I do not find any Case of mere Collapse producing Epilepsy, except when acting suddenly. Whereas in Palsy from Effusion, the Collapse coming more slowly, the approach of an Apoplectic fit may give such an over-distention as to induce Epilepsy. These are all the Occasional Causes of Epilepsy. We come next to the Predisponent Causes.

We are now to enter on a subject where some Theory is unavoidable; but I shall give you very little. Take care you dont receive what I am going to say for Theory, which I consider as so many Propositions supported by Facts.

I have given you the Occasional Causes of Epilepsy. They are best described by Boerhaave and Van Swieten. I have scare forgot any; but have differed from them in the arrangement.

Predisposing Causes. The influence of these is nowhere more evident than in Epilepsy; and therefore they are particularly to be attended to. and though we range the Predisposing Causes among the Remote Causes, they make also part of the Proximate Causes, as they subsist all through the disease, and have a great share therein.

The Predisponent Cause of Epilepsy consists in a

mobi

mobility of the Brain or Sensorium - such a mobility evidently evidently often takes place - We conclude so, from the Mobility evident in the mind, when at the same time, and in the same persons, Transitions from one Passion to another are quick — such a Mobility constitutes what we call the Boyish Temperament, varium et mutabile semper Femina. But when we perceive this in the mind, as we know by its connexion with the body, that a state of the one answers to the other, we must suppose the brain and Sensorium equally moveable and susceptible of alterations of Excitement and Collapse, often to a considerable degree - This explains what we mean by that Mobility - But Epilepsy may occur without it, as it does not always depend on Predisponent Causes, as when it is produced by fractures of the Skull, Exostoses, Ossifications, Idiosyncrasies of one particular Organ only, operating on every body - But when the disease is general, it certainly depends on that Mobility - But on what this Mobility depends, is difficult to say - There are two Cases of it -

1. Debility. Thus Children, Young persons, Women, Men of delicate habits, Persons weakened by long Evacuations, or Convalescing from long diseases, are particularly predisponed to Epilepsy — The brain may be considered as an Elastic Cord of considerable Elasticity, with respect to Tone and Cohesion, but whose flexibility is proportioned to the weakness of the System - The Oscillations of Elastics are in proportion to their Flexibility in

point

point of frequency; and the extent of these Vibrations is proportioned, not to the force of the Vibrating Cause, but to the flexibility of the Vibratile Body - Repetition of flexion encreases the flexibility - and the Animal powers, we know, encrease in facility and force by repetition - Hence we readily understand how the disease is so frequently habitual, and of difficult Cure; and on that account it is always of Consequence to prevent, as much the repetition of these fits

2. Mobility depends upon a Plethoric State - This may operate in different ways -

a. This supposes always a state of Laxity in the Large Vessels with respect to the Extremities - and thus they admit accumulations - In this manner Plethora may induce Mobility by inducing Debility -

c. But in the Plethoric State the force or Tone of the Arterial system depends more upon the Tension than upon the Contractility of its own Fibres, as we also see in Elastic bodies; and upon this over-stretching depends the greater Oscillations.

d. The Tone of the Arterial system depends upon the greater quantity of fluids, which is the principal change in our system from Plethora; and therefore the mobility of the System is still thus encreased - While the Plethoric State favours in a special manner, those congestions of the brain which we have seen to be frequent occasional causes of Epilepsy, at the same time it makes its

it liable to very great changes, and much increase its mobility - From these Causes we may proceed to the

Method of Cure

I have just now explained how Predisponent Causes are part of the Proximate, and therefore where we know not the Proximate Cause we may take our Indication from Predisposition - Epilepsy is divided by the Systematics in Idiopathic or Sympathetic according as it depends on affections of the brain or affections of other parts of the System - But if there is a Predisposition, even in the second Case, the disease may be considered as Idiopathic; and on the other hand Epilepsy may occur from affections, and yet be considered as Sympathetic - If the Sympathetic Epilepsy can be distinguished, and if there be no Predisposition, the fits are the chief parts of the disease to be attended to - The Epilepsy accompanied with Aura, Savauges calls Sympathetic Epilepsy. This is not universally true, but in most Cases it is, and therefore in such Cases our Indications are.

1. To destroy the Topical affection constantly present - You have in the Medical Essays a case of Epilepsy that was cured by cutting a Tumor off the knee - at other times, as you may see in De Haen, Cauteries and Issues in the part have had the same success - +

2.

2. When the topical affection is unknown, or resists our remedies, the cutting the Communication of the Nerve will often succeed - Albinus cured in this manner an Epilepsy proceeding from an affection of the Cheek - I have known a case of Epilepsy, proceeding from the nail of the Thumb, cured in the same manner.

3. Ligatures have often done this in cases where the Sensation of Aura is felt - I have had many instances of this kind in the Clinical Ward - and two three years ago I had a Boy, in whom tying the Garter a little tighter than usual would stop the fit - and this method should always be tried in these Cases - For this purpose we should be provided with a Screw or Tourniquet - a considerable compression on the Nerve renders the Communication difficult, and often stops it -

But there are Cases of Idiopathic Epilepsy, from evident remote Causes, without Predisposition; as from Fracture of the Skull, the Cure of which is evident, and does not come under our Plan - There are likewise Cases depending on irritation or topical affections, which do not fall the consideration of Idiopathic Epilepsy - To Cure this we must remove the proximate Cause, and as it is not known our Indications are

1. To avoid Occasional Causes.
2. To remove the Predisponent Causes -

1. By removing the Plethoric State, which must be done by avoiding the rarefaction of the Blood, and its impetus or determination to the head - Thus heat of the Sun, warm Chambers, violent Exercise, anger, surfeit, and Intoxication, are particularly to be avoided - Common discretion must suggest in such Cases what is necessary.

2. By avoiding Mobility, which must be done by avoiding Impressions - a Boy at Glasgow was subject to frequent Epileptic fits from any violent noise - and it was afterwards found that though no violent noise was perceived by others, he was thrown into a fit, and even when the noise could not be perceived by those about him, without opening a Window, and giving the greatest attention; he having such an uncommon degree of sensibility - The noise of an horses feet in the street would bring on an Epileptic fit - The Tolling of a Bell in a distant part of the City, had the same effect - He was removed to the Country, where he obtained perfect relief - In general then it is of great importance to find out the occasional Cause of Epilepsy, and to avoid them.

But upon the Predisponent Causes, it is not necessary to repeat what I have said of removing the Plethoric state - Bloodletting is the only sudden means we have for this, and it must be very large - When the disease depends on increased Force, as it often does,

does, the opening a Vein alone with a sudden Evacuation, even though small, will do - This will take off the Tension of the System - But when the design is to take of the Turgescency and Congestion, by diminishing the quantity of the fluids, a large Evacuation from the Arm or Jugular Vein is necessary, and is to be accompanied with Leeches and Scarifications on the Temples - I have seen, as I said yesterday, an Epilepsy almost removed by large Bleeding, to which I was directed by the headach and Inflamation of the Eye which preceded the fits -

With a view to Evacuate, Purgatives may also be employed; but they are more for making a Revulsion. As the Chief remedy, Bloodletting, rather contributes to the return of the Plethora, To prevent this, Abstinence and Exercise, to support the Evacuations, will be necessary. With regard to the Effects of Abstinence, - They obviate those of Plethora, viz, the Over-distention of the Vessels of the brain, and the exposition of the system to greater mo-bility - But besides, there are still many topical affe-ctions of the brain that are Causes of Epilepsy, in con-sequence of Turgescence and Plethora only - Thus we have in the French Memoirs, Cases of Exostoses in the membranes of the brain, inducing Epilepsy only when there was a concurrence of Causes of Turgescence; and blood-letting was a sure means of diminishing the frequency of

of the fits - But Abstinence, by the joint opinion of Physicians, has cured more Epilepsies than all other means that have been employed -

Issues. If our Theory of purulency is just, and the discharge by Issue is of the Coagulable Lymph; then will certainly much diminish the Turgescence - But they also operate in another way, by obviating the particular determination, and consequently the Congestion - In the first case it is indifferent in what part the Issue be made - In the second, the nearer it is to the head, the better - Seatons or Pea-Issues will be indifferent, only the greatest Evacuation possible should be procured -

On the Cure of Epilepsy, I might, with other Physicians, speak of Specifics - But I know of no such thing as a Specific in Medicine - There is no medicine that I know of, whose effects I cannot explain in a general way; and if there were any that I could not, I should, from analogy, impute it to my want of knowledge, not to any specific quality the Medicine possesses - I endeavour always to form an Indication of Cure, and in Epilepsy, though I know not the whole proximate Cause, yet as I know a part of it in the predisponent Cause, I form my Indications thus.

1. To avoid Occasional Causes - of this I have spoke already -

2. To remove Predisponent Causes - These are

a. Plethora - of which I also have spoken sufficiently - To be taken off by Bloodletting, and obviated by Abstinence

Abstinence, Exercise, and Issues -

3. Debility - I am to treat of this so far as it is originally and fundamentally without Plethora - This is done

1 By removing its Causes;

2. By obviating its Effects -

Causes of Debility in general are evidently Plethora, and those of proper Debility - I have spoken of Plethora - and on our last subject I also spoke of Debility; - to be removed by Cool air, Exercise, Cold Bathing, &c - I have nothing particular to say concerning Tonics in Epilepsy - They are all intended to increase the Tone of the System - But I must observe that, the Tone remaining the same, the Debility may be removed by increasing the Tension -

The Doctrine of Epilepsy from Repletion and Inanition, has been known from the Time of Hippocrates - We have instances of Epilepsy from Inanition, produced by Hemorrhages, Diseases, &c - In all such Cases, the strengthening means are a full and nourishing Diet - However, it will be difficult to apply all these, because debility is often joined to Repletion, in which Case the least degree of over-distention in weak and mobile Systems, may have a bad effect - In Consequence of this, I find it difficult in Cases of Epilepsy from inanition, to increase the quantity or quality of the Patients Diet - However, there are Cases of Epilepsy which require strong

Diet.

diet - a Student of this College, who is now a learned Doctor, had an Epilepsy, and as I thought it depended on Plethora, I enjoined him to live on a low Vegetable diet, and forbad him the use of Wine - The disease at first seemed to abate, but it constantly returned - Some time after he went home to England, and by the sollicitations of the good Wife, was persuaded to a little better feeding; and from the time he began to indulge himself in the use of Wine, &c, his fits left him entirely. Here there is no doubt that full feeding was a remedy - It is possible that full living, even in those cases that begun with Plethora, may cure the disease, which may be so changed as to be exactly like Epilepsy from Inanition - and though the Treatment of Plethora has been more successful than others, there are cases in which it entirely fails -

Lately in the Clinical Ward, in a Case of Epilepsy which I suspected to arise from Plethora, Venæsection induced the fit, and the disease was cured by a Tonic remedy - accordingly when Mobility appears, it is to be removed and obviated by Tonics and Antispasmodics - Our chief Tonics are Bleak, Vegetable astringents and Tonics, Metallic substances, Cold Bathing, &c

1.

1. Fear. I have had occasion to mention how this operates sometimes, in the Cure of Convulsive disorders; and therefore it may be considered as a Tonic. But I mention it rather to complete the history; for we cannot employ it as a remedy, as it is not always in our power to excite it; and when excited we can never determaine the degree.

2. Vegetable Astringents. Viscus Quercinus, or Mistletoe, has been commonly employed and spoken of as a Specific. But I have never known any good effects from its use. And I suppose that Superstition rather than Experience, introduced it in Medicine. It is at least but in a very few instances that Experience has proved its utility. Other Tonics are Bitters and the Bark. I know little concerning Bitters, as a remedy for Epilepsy. Probably they are useful (being their most powerful, when combined with Astringents. The Folia aurantiorum, of which De Haen speaks, are to be referred to this head. But the most useful is the Bark, chiefly when the disease is periodical. The effects of the Bark are transitory, as we said in fevers; it being useful only on the approach of the fit, to remove debility pro tempore. I cannot avoid observing here, that, while in Fevers it has been disputed whether it operate by its antiseptic power, it cannot be supposed to operate here but as a Tonic, on the Nervous System, thus confirming our Theory of fevers. With regard to the Bark in

Epilepsy

Epilepsy - As in many Cases the disease depends on a Plethoric state, joined even with Inflamatory Diathesis, in which the Bark will be hurtful, as it enerlaces the Diathesis Phlogistica - When the Plethoric state is considerable, we should remove it, and then only venture on the use of the Bark - When this is removed there is no doubt about employing the Bark - And we must give it without hesitation in Cases of Turgescence, chiefly Periodical, which subsists without Inflamatory Diathesis -

3. Metallics - Most Metals afford useful Tonics, but often to be avoided, because of their Stimulus - Arsenic has sometimes been found useful in small doses in Epilepsy, but oftener in Intermittents - Tin has much arsenic in it, and therefore may be useful in small doses in Epilepsy - It has been Employed by the College of London in the Sal Jovis, and has been said at all times to Cure Epilepsy - But I have never handled these dangerous Medicines, but if we could get the better of our Fears concerning the poisonous nature of Tin, it might, perhaps, be successfully Employed -

Chalybeats are perfectly safe, but not efficacious - Mineral waters, that have sometimes Cured Epilepsy, are taken with many Circumstances that might have performed the Cure -

Copper. Van Swieten was acquainted with a Preparation of this metal, a singular one, that Cured Epilepsy without producing any sensible effect, except only a formication on the whole body - I am very sorry he has not communicated it

us

in the exact knowledge of this remedy - We are obliged to employ other Preparations to obtain the Tonic power of this Metal, without its Stimulus, which is done

α. By small doses

β. By particular preparations, which weaken the Stimulus without impairing the Tonic power -

To cut the matter short, I have lately employed one of the last kind, the Cuprum Ammoniacale, which some of you have lately run in the Infirmary successfully employed (Vid. C. Matthew Wilson.*) It Copper (from Blue Vitriol) joined with Sal Ammoniac - We may suppose that the Neutral, which is joined with the metal, diminishes its Stimulus - But I do not know whether the Salt is of any service; for I have known an Epilepsy Cured this Spring by Blue Vitriol alone, given in such small doses as to avoid its Stimulus -

4. Cold Bathing - I have already spoke of this, and its application is obvious - It is well fitted to remove the Mobility and Debility, but not, if all the Plethora is

dis

* I here thought I might take ℥viij of blood, but before ℥iv were drawn, a fit was brought on, and next day another by the Purgative - Before the Copper was employed -

diminished - Perhaps to avoid the determination to the head, the head should be dipped first, or rather the water poured on the head from a Machine -

5. Antispasmodics - I do not pretend to explain their Operation - In general, most of them are insignificant - There are two more valued than the rest, the Peonia and Valeriana - I never saw the effects of the first in a very sensible degree nor have I met with any Practitioner that has; and I know nothing that, hopes lead us to think it useful. The Veleriana has been more spoke of - I have seen it useful in one or two Cases, but in one or two of an hundred - I have tried it in larger doses (℥ss bis in die) and in better condition than; but it had no effect, except when it proved Purgative, and to this I am more disposed to attribute the Cures it has performed - x

Oleum Animale has been much celebrated in Germany and other parts of Europe - It is an Empyreumatic Oil, rectified to a great degree of Volatility - Though I have no experience of it, from the difficulty of keeping it in good condition - I presume it has much, both from the nature of it, being very volatile, and from the Experience of able and deserving Physicians -

Another Antispasmodic is Musk - Considered as one of the most diffusable and strong Odours, we know there is a

a presumption of its utility – In Hydrophobia it has been found useful; and not to rest upon analogy, it has been employed with much success in Convulsions and Epilepsy; and the authority of Dr Wall is enough to recommend it – But it is scarcely ever to be got in good condition, and it has no effect except in considable Doses – Ninety nine times of an hundred it is adulterated before it comes to our hands –

OPIUM is of undoubted power in Convulsive disorders – But in Epilepsy the application of it is attended with great difficulty and ambiguity, though it may be powerful in removing particular Spasm – Fralles and many others are against its use – Whenever the Plethoric state is present, or whenever there is an Inflamatory Diathesis, or in short, whenever Bleeding is useful, I would conclude Opium to be hurtful – Young finds but one or two Cases where Bleeding and Opium may agree. But on the other hand, when the disease proceeds from Irritability without Plethora, Opium is the only certain remedy – Even in Cases of Plethora it may be useful as a Tonic – But like other Intoxicating substances, if used habitually, it encreases the irritability of the system, weakens the Tone of the brain, and dis-

disposes its Vessels to accumulation - De Haen speaks of a Case of Epilepsy from sleep, which could always be suspended by watching, the fit never occuring in the daytime, if the Patient could be kept from sleeping, to which he was disposed - Yet it was cured by opium in a way he does not explain; for this fact, which is not so singular as may be imagined, I refer you to him - Morgagni speaks of an Epilepsy which was forewarned by slowness of the Pulse, and was prevented by the use of Opium - This might act as a Tonic, and remove the Torpor of the system - But take this as a hint only - I should have supposed Opium equally improper here - I must leave you to consult the Case -

As far as the Authority of Storke goes, Hyoscyamus has been found useful - Every thing I have said of Opium applies to this - But you may take this Fact of Vienna as you please - It may apply to all other Anti-spasmodics, and, like Opium, must be imployed at the approach of the fit, if we expect any advantage from them - There is another measure to be taken, which I should have referred to the head of occasional Causes - viz, after all remedies fail, to change all habits - Diet, Climate,

manner

manner of Living, &c, a Remedy as old as Hippo-crates = This would be best done by sending the Patients abroad - If that cannot be done, we must make as great a change as we can at home -

After having gone through Epilepsy as well as we could, we must go backwards to enter upon the Con-sideration of

Gen. XLVIII. Convulsio.

The same Apology is to be made here for this form as for that of Spasm, as applied to the Order - It is not to be used strictly, but to be taken by the Definition -

(In functionibus animalibus.)

"Musculorum contractio, clonica, abnormis, "citra soporem."

We distinguish Convulsions from Epilepsy, by their being a partial and less considerable affection - citra sopo-rem sive sensus Deviationem - In some Cases Convul-sions are very limited - But we call them Epilepsy when attended with Lapsus, and Convulsions only, if not - They are to be considered as affections of the Muscles, and even of the brain - But the Theory of both Diseases is pretty

pretty much alike - In order to distinguish them we should enquire, why the brain is more or less affected, - ? why in greater or less affections of the brain Coma or either ? - and why the affection of the brain is determined to the part where the motions chiefly appear ? - An Inquiry into these questions, though we should not be able to resolve them, would not be useless, and would throw some light on the Animal Oeconomy - But as in the present state of our Science, of my knowledge, and of your preparation, we could give nothing but what would be rather Curious than useful, we avoid entering into such such questions -

Convulsions depend upon the same Remote, and Predisponent Causes as Epilepsy - Therefore the avoiding Remote Causes, which requires Common sense and discretion only, is as necessary here as in Epilepsy - As to the Predisponent cause, which is the chief object of our Practice, it is mobility, depending ~~on~~

1. On Plethora.
2. On Debility -

That Debility is more concerned here, as it may be in the part itself more than in the brain,

(as

(as we perceive paralytic parts often liable to Convul-sions), we conclude they are often owing to loss of Tone in the affected part, as after considerable Hemorrha-gy from a Limb - Bleeding has more effect upon the adjoining parts than upon the whole System - Spasms long continued in one part, will leave it weak and liable to Convulsive Agitations - Convulsions may also be owing to want of usual Tension in the part - Van Swieten mentions a Young Lady who was liable to Tremor and Syncope, from the slightest impression, as soon as she had taken off her Stays - In all these Cases the Conclusion remains, that the method of Cure is directed to Plethora or debility, and therefore is cured by Evacuants or Tonics and Antispasmodics -

To illustrate this let us examine the Chorea Sancti Viti Sydenhami, a particular species of Convulsions described by that Author, and limited by Savages in this manner under the general term Selotyrbe - Other Nosologists have given no pro-per idea of it - Linnaus, and still more Vogel, are very loose upon it - We confine ourselves to the Chorea Sancti Viti of Sydenham - This is confined

to

to a certain time of Life, occuring, as Sydenham observes, at the age of Puberty, from 10 to 16 - From this Circumstance the peculiar nature of the disease arises - Two Theories may be mentioned Concerning it

1. Supposing that as our system is gradually evolved, so long as it yields, that Symptoms of Plethora do not appear, but only till the whole system is evolved, when the Tension, approaching to Plethora, takes place - and if this be not exactly ballanced, a fluctuating Balance; that is to say, Mobility, ensues - That this may particularly affect the brain is evident; and from the beginning of a Plethoric state, and from the fluctuating balance, Convulsions may be induced -

2. The other Theory relates to the evolution of the Genitals, which every one knows produces considerable changes in the System - Even after their perfect Evolution, we know that the state of irritability of the Genitals has a considerable influence on the whole system, or its different parts - This Evolution may be steady and continued, as it generally is - In others it may be suspended, and this suspension induces Atonia - In others unsteady and fluctuating, which gives rise again to that fluctuating balance or mobility, on which Convulsions may depend. Both these Theories may be true, and have a share in

this

this disease - This is enough for the method of Cure; which must be directed either to the Plethora or to the Debility -

Sydenhams practice was bleeding and purging alternately, three or four times - Savauges says that in his practice, concerning this disease, which he saw much more frequently (as is probable from its occuring most commonly in southern Climates), he has found Evacuations constantly improper - He found his Patients in a state of Debility, and therefore employed Tonics - Both the practices may be reconciled -

It is possible that Sydenham, who saw this disease but five times, might have found Plethora in all five instances; and that Savauges, on the contrary, had his Patients weak, as he says, in body and Mind - I have had about thirty cases of this disease, and have observed cases of both kinds - Some of a tollerable full and florid Complexion, with Plethora, but seldom - But many more slender, lean, weak Girls and Boys - I have found the disease occuring with Epilepsy, and ending in this, or in Chlorosis in Girls - I have found it in Boys attended with Pica - I have found it indeuing a considerable Maturity of Mind, and weakness of body, even in quick Boys - In these Cases of Weakness, I repeated bleeding - But I employed repeated Purgatives with more confidence, chiefly in the female sex, as the Primo Vie often require it - After using bleeding and

and Purging I employed Tonics, chiefly the Peruvian Bark, with pretty good success - It is possible that there is room here for strong Antispasmodics - I have not had occasion to Antispasmodics, having no Musk, or none that was good - as for Opium, it appears that it was the Remedy of Sydenham - I have not imitated him, because I have an aversion to Opium - I have even employed all others without effect -

In Emetionibus Animalibus.

Gen. XLVII. Tetanus -

"Totius fere corporis rigor spasticus" -

Under this Term I comprehend general and partial affections, such as Opisthotonus, Emprosthotonus, Locked Jaw, &c - The antients knew this disease, but described it ill - I must refer you to a Dissertation by Dr Chambers in the London Medical Essays, and to Dr Hillary in his history of the diseases of Barbadoes -

The Theory of it is still very obscure, and as I must avoid more general Theories, I shall make only two or three remarks on it -

This a more purely Spasmodic Contraction, violent, painful, and not alternating with relaxation - What is strictly the state of the Muscles affected with spasm,

and

and what is the state of the brain then, are also very obscure - But at least we can observe, that if the state of the brain which causes muscular action is called Excitement, we may say that the Cause of Tetanus is a violent Excess of Excitement; and Sedatives, chiefly Opiates, are the best remedies;- which is confirmed by Experience - Opium always procures a remission, but it must be given in great quantities - Dr Chambers gives ℥j Tincture Thebaica in 24 hours, & Dr Willary gr XX of Opium in the same time, which rarely produced one or two hours sleep - Yet very probable that the Patients might in many Cases, if we had courage to push the use of Opium a little further - It is true that the Practitioners mentioned, employed other Remedies along with this, as warm bathing, &c - But the chief effect was certainly to be imputed to Opium - We should expect much from Musk, but Dr Chambers did not employ it, though Dr Willary did, and with some success - Yet, notwithstanding all Remedies, the greatest part of the Patients died -

Dr Willary certainly suggests a very useful Practice - He observes that Tetanus, in its most violent state, very often arises from very slight Punctures and Lacerations of Nerves, wounds, Bruises, &c - Hence whenever it can be done, the Division or distruction is the surest remedy - Concerning

Warm

Warm Bathing, Hillary found it precarious - But Cham-bers insists much upon it - What is further necessary to be known concerning this disease, you may find in the London Medical Essays - This finishes what I had to say on Tetanus, or on Spasm, as affecting the animal Functions.

Having finished the Consideration of Spasm in the Organs of the Animal functions, I am now to consider it in those of the Vital functions - Precise limits are very difficult here; but according to the Dictates of Com-mon Sense, we understand here, by Vital functions, those of the heart and Lungs.

II. In functionibus Vitalibus -

Gen. I. Palpitatio.

Char. "Motus Cordis vehemens abnormis" -

This is put here to compleat the System, and is sufficiently clear, and is strictly connected with Syncope, which is mostly a violent Palpitation, ending either in Spasm, or more commonly in Paly, pro Tempore such as affects every muscle after Convulsions, of the muscular fibres of the heart -

Palpitatio, as connected with Syncope, may be

Idio

Idiopathic or Symptomatic - It is Idiopathic when depending on Causes acting directly on the heart itself; such as any interruption to the return of Venous Blood, the Venous blood being urged towards the heart with unusual Violence, or several Causes of Interrupted free evacuation of the heart - The heart is not only affected by such Causes as act directly on itself, but also by many others thro the intervention of the Brain, which give the Cases of Sympathetic Palpitation - It is true that Convulsions of the heart may arise from particular mobility or atony in the heart itself, as may be the Case in every other muscle - But it is enough to mention that, as in practice it will be sufficient to treat it generally, as a sympathetic affection, by Tonics and Antispasmodics I come now to a Genus which is a more frequent and more important object of our Practice.

Gen. LI. Asthma.

Char. "Spirandi difficultas, cum angustia in pectore "sensu, per Intervalla subiens".

There is no Genus, of which it is more difficult to give a good Character; and after all reflection, ours is but very imperfectly stated - The leading Circumstance is here the Spirandi difficultas, a Symptom

of

of a very great number of Diseases - Physicians have in some measure found an Order of it, and have distinguished it only by its different degrees - so they have universally made three Genera of the Spirandi difficultas - Asthma, Dyspnoea, Orthopnoea - Vogel goes further still - But does not deserve attention - Sauvages takes these three genera - But is it not obvious here that differences in degree do not give different species, and much less different Genera? Plus vel minus non distinguunt speciem - No limits are drawn set between the three stages, and therefore asthma, the Intermediate one, is more loose than the two Extremes - Sauvages indeed finds something more than this necessary - He distinguishes acute from Chronic Dyspnoea and Asthma - But that distinction cannot be admitted in Nosology - If the word Acute implies Violence, it is a difference only in degree. He moreover distinguishes dyspnoea from asthma by its constancy and state of duration, while asthma is entirely absent at times, at least sometimes moderate and sometimes violent ~~and the~~ exacerbates - Hence he distinguishes asthma from Dyspnoea, by its occuring periodically - Which Character I have made use of, though I am not satisfied with it - That Systematics or Nosologists have not accurately distinguished diseases, is very well proved by this, specially if you look into

Lin

Linnaeus and Vogel, who are still more loose and inaccurate than Sauvages - Among these difficulties of Breathing we must certainly determine some Idiopathic disease, and for this we must look at the Species - Sauvages has 22 Dyspnoeae, and 26 Orthopnoeae - I will not detain you by a particular consideration of them - But I say that, if not all of them, at least a much greater part are plainly Symptomatic, and not proper Idiopathic Species - Many are evidently affections of other parts than the Lungs - Thus Dyspnoea gravidarum, is not properly a Disease, as pregnancy may be considered a natural state - The same may be said of Dyspnoea or Physconia, Dyspnoea Tympanitica, and even Dyspnoea a Corde, Dyspnoea Aneurismatica, &c - These are separate diseases, of which Dyspnoea is only a Symptom, and even the Affection is in the Lungs themselves - Dyspnoea Pituitosa, Dyspnoea a Tuberculis, &c - All these are diseases which are not known by Dyspnoea alone, but also by other marks - all this Criticism is necessary to distinguish Dyspnoea from Asthma -

But

But I must say still, why I have not made a Genus of Dyspnoea - It is because all Species of Dyspnoea and Orthopnoea belong to other diseases; but Asthma is an Idiopathic disease, "Spirandi difficultas cum angustia in pectore sensu", commonly accompany asthma, but do not mark it, as many Symtomatic Dyspnoea are also accompanied with them - Even "per intervalla subiens" is liable to ambiguity - In proper asthma the Spirandi difficultas is often constant - at least the breathing is never so free as in health - Therefore this must be understood of it being liable to considerable Exacerbations, though the breathing always be more interrupted and difficult - But there are many Cases of Dyspnoea liable to Exacerbation, - Even among these we have rejected as Species, such as depend on affections of the Abdomen, and other diseases of the Thorax have also exacerbations, which resemble, and are perhaps of the same nature, with Asthmatic Exacerbations; and therefore this Character is not sufficient - and you'll find the study of this distinction very very difficult - It must depend on a little more accurate description of the Fits - Therefore we proceed to give a Historia Morbi.

Before an Asthmatic fit comes on, the Patient is for one night or two very restless - He is troubled with a constant sense of anxiety, Lassitude, and Torpor, for the day

day before, chiefly at the breast - In the afternoon, especially after dinner, Inflatio Ventriculi, drowsiness headach encreased in the evening, but not so much as to interrupt the time of going to sleep - From 12 to 2 but most commonly from 1/4 before 2 the Patient wakes with a considerable difficulty of breathing, and straightness about the breast, and a particular sense of uneasiness at the bottom of the Sternum, as if something suspended the action of the Diaphragm - This obliges them to take an erect posture, and commonly to get out of bed - at the same time they feel as though they wanted Cool air. They are uneasy in small Chambers, and in large ones too, unless the windows are open - Their breathing is uneasy for sometime, chiefly in Inspiration - But it is not always frequent - Nay sometimes it is slower than it should be, chiefly in Expiration, and attend with a rattling wheezing noise at the Glottis - In this situation there is the sense of the Lungs being rigid and incapable of motion - The Patient speaks with difficulty, he can not cough, though there is a constant irritation to it. In this state they continue for sometime - Often there is no remission till the next morning; but commonly the remission comes sooner, or in the course of the forenoon - sometime the fit goes off entirely - But frequently

frequently it is a remission only; The fit returning in the afternoon for three or four days; which is the longest period mentioned by Sir John Floyer - Then they are tollerable free from some days; but commonly when the disease is fully formed it returns at stated periods: In a few, exactly with the change of the Moon - In the greater number not so exactly: but the disease returns in two or three weeks - I have known daily periods to continue for a month together. I know a Gentleman in this City, who was affected long ago, on whose Case most of the Physicians, as well as myself, of this Town were consulted; but he found no relief from Medicines - The last time I saw him he was abroad in the afternoon, and told he must go home, as he was to have a fit a four o'clock, which constantly recurred at that time, though he was free of it in the forenoon - These symptoms when occurring, as they mostly do, will sufficiently distinguish the disease - But they are not constant - In a few the Remission of the Paroxysm happens without Expectoration. They spit none, neither during the fit, nor all the Remission - In a few people also the fit goes off suddenly - Sir John Floyer says it would sometimes go off in half an hour - This however is not commonly

the

the case - In the Forenoon they have an Expectoration of a whitish yellow mucus, resembling Purulent Spitting. This is all the Foundation I can find for a distinction between Asthma Siccum and humidum - But what, in the Language of Authors, is called Asthma humidum, viz, when the Asthmatic fits are attended with constant Expectoration, is a catarrhal, not an asthmatic disease - In asthma there is no fever, no increase of quickness of the Pulse, of heat, &c - Whereas in the Asthma humidum of Authors there is frequently increased Pulse, heat, and even Sweat - Sir John Floyer considers this as a true Ephemera; and though commonly no fever, increased pulse, or heat attend Asthma, he advises the Patient to avoid every tending to bring on these Symptoms -

All this description is chiefly from Sir John Floyer, who took it from his own Experience, having laboured under this disease for many years; and also partly from Some other Authors - But take in this not to confound the Symptomatic asthma with the proper Spasmodic Asthma, as Sir John Floyer himself does sometimes, when he speaks of other Cases than his own.

No Physician disputes that this disease has for its

th proximate a Spasmodic Contraction of the Bronchia: Upon what foundation you may perceive - In the begin-ning of the fit the urine is commonly pale and limp-ed, and in an unusual flow, like the Diabetes Hyste-ria, which every one acknowledges to be a Spasmodic affection - at the same time, during the fit, it becomes high coloured, and is attended with a Sediment, which proves a Spasmodic affection of the Glands, followed by a relaxation - It is only a solution of the fit that the spitting of a thicker Mucus begins - There is no ex-pectoration for the first days - but only when a re-mission of the disease points out a Relaxation of the mucous glands of the Bronchia -

To explain all the Circumstances here, or to seek for a more complete Theory in order to di-rect our method of Cure, would not be safe, unless we has entered on the general Theory of Spasm - There is no disease of which more cannot be learned from Authors - Sydenham has taken no notice of it; therefore we are deprived of many practical Observations which his sagacity would have pointed out - Dr Boer-have has not mentioned; therefore we are deprived

of

of Facts which his Erudition and Labor would have col-lected – Hoffman treating of this subject seems to have known the distinction between this convulsive disorder and other cases of Dyspnoea; but yet he is not correct, and treats those diseases with so much confusion that it is very difficult to follow him, either in his Theory or in his Practice – The Stahlians are more accurate than Hoffman, and have distinguished the Asthma Defectivum from the Asthma Spasticum, the disease we are treating of – But they have so little efficacious practice that we can expect little from their Nitrosa, Absorbentia, &c – You would expect more assistance from Sir John Floyer, he being in this case the Standard Writer, as he had Experienced the disease in its pure form for thirty years; and so far as he describes his own case it is the best Description of this disease we have; but he mixes the Stories of others with his own facts, and everywhere interposes a Theory little be regarded, which makes his Facts much more doubtful – and in the Cure, he has everywhere mixed his own Case with others –

Dr Perth of Bath gives us a Treatise on Asthma, in which every Case is a Case of simple Dyspnoea or Hydrops pectoris, which have no relation to Asthma.

His

this book, in short, is wrote in a very irregular manner, and is no more than a common pebe-book - I think this is all that is necessary to shew you the state of our Science with regard to this disease, and therefore I will follow my own judgement in the Method of Cure -

It is agreed that there is nothing more ridiculous than disputes about words - But if this is carried so far as to infer a neglect in our Nomenclature, it will lead us very far astray - There is no clearer proof of this than Asthma - When it has been understood as a simple difficulty of Breathing, it has included an immense number of various diseases - Physicians, sensible of this, have distinguished different Species of it - Asthma spasticum, Convulsivum, &c - If we were to examine the history of this disease, what confusion! how we turn over - The whole of the German Ephemerides! If we look at the Index (Hender) on the subject of Asthma, he refers you to Dyspnoea - But on that of Dyspnoea he refers you again to asthma, and you must turn over the book an hundred times before you find what you want - As for Dissections, Lieutaud

in

in his Historia Anatomico-Medica has not ventured to make dissections, but he has cunningly comprehended the whole under a general Title, which he afterwards, however, subdivides more indirectly and very irregularly - The Cases contained in Porters Index under the name of Asthma, are such that 9 of 10 are not asthmatic affections - and it requires much attention and study to distinguish them - From this confusion, no utility can be drawn from our practical Writers on this disease - Hence I am obliged to follow my own judgement, and in so doing shall take my own Indications -

Occasional Causes - External heat, warm Chambers, sitting near the fire, Warm bathing are very frequently exciting Causes of Asthma - You may find many Examples of this in Sr John Floyer - In the heat of the season, in July and August, asthma is more frequent than any other - There I can explain only by the Rarefaction and Turgescency of the blood in the Vessels, occasioned by the heat, specially in the Lungs, from a direct application of hot air - In proof of this, Hysteria has frequently been changed to asthma.

Sir

Sir John Floyer mentions a Lady who was cured of Hysteria by Marriage; but it changed into an Asthma. X
We have also other such Cases; and I shall soon show that proper hysteria depends constantly on Plethora - any increase of bulk, flatulency of stomach and Intestines, a full meal, Ligature, or any cause producing turgescency in the Lungs, will almost certainly in asthmatic People induce Fits - Sir John Floyer avoided every kind of plaister to the Thorax, because of the constriction thus produced - Upon this depends the sensibility of asthmatic people to the weight of the air, almost equal to that of the Barometer - The air of the highest mountains disagrees with them, though we consider it clear and pure - Every Stimulus applied to the System will excite the Lungs, and induce the Fits - From hence it is evident that the disease depends on overdistention of the Lungs - Hence the first Remedy is bloodletting, which in all beginnings of asthma is useful - Hoffman proposes bleeding as an absolute Cure, and gives Examples of its good effects - It is very common for Venesection to give relief in the fits, chiefly when violent and in the beginning of the disease, though it rarely takes off the fit entirely - and when the disease is fully formed,

is far from relieving, it is allowed to do harm - This may be explained in two ways.

1. The repeated bleeding encreases the plethoric state.

2. Though Asthma is brought on and encreased by the plethoric state in the beginning, yet it depends much more afterwards on a mobility in the System of the Lungs, which makes them liable to be affected by Causes operating on the nervous system - But to obviate plethora, and Turgescence in the Lungs, the Antiphlogistic Regimen is necessary, and therefore -

PURGATIVES, as a part of it - But there is a particular reason in Asthma for Purgatives - The fits are attended with Inflation and flatulence of the stomach and intestinal Canal, which implies that the spasm is extended to the Alimentary canal, which occasions a stagnation of its contents, and Cessation of its motions, and therefore relieves asthmatic people more than

Glysters, which are soon followed by a loose stool - On this account frequent Purgatives are often useful in Asthma, to keep the belly constantly open. But at the same time it has been constantly observed

that

that a sudden large Evacuation, inducing a sudden relax-ation, is very liable to bring on asthmatic fits -

Blisters too are certainly useful, even as relax-ants - But are scarcely admissible in the time of the Pa-roxysm — And Issues are much to be preffered, as obviating the accumulation of Coagulable Lymph in the Vessels - And from much Experience I assert that Issues are useful in asthma, in opposition to Sir John Floyer, who did not apply them to the head and back, where they are particularly useful - But that he was not relieved by Issues is to be explained by the Particular mobility of his System, and from the long standing of his disease -

The Turgescency and rarefaction of the blood require other parts of the cooling Regimen - And Acids have a place here - Native Acids, as Lemon Juice, have often been found useful, but they are precarious, and inferiour to Vinegar and Vitriolic Acids - Sir John Floyer bestows much pains upon this subject - Nothing better illustrates the use of Acids here than their known Utility in Hemorrhagies; and accordingly cooling Salts, particularly Nitre and, for a reason I cannot explain, Sal Ammoniac, ascen-dend

mentioned by Sir John Floyer and other Empyrics - A warm Drink for the most part encreases the fits, Cold Drinks are therefore necessary, but the cold drinks must be such as are infermentable - Sir John Floyer has suppressed asthmatic fits by Toast and water alone - Small beer is a very precaritous remedy - Toast and Water will be better, if moderately acidulated with Vitriolic Acid - Abstinence is generally necessary, and we should wholly abstain from animal food during the fit - It is also universally agreed that suppers are at all times to be avoided - Sir John Floyer, after some time, could not bear them - There are difficulties with regard to other Articles of Diet - Commonly Asthma and dyspepsia are combined - I have mentioned Inflation and Flatulency, as symptoms of both - Both are founded on the same Atonia - It is easy to understand how atony is transferred from one Viscus to another - Under this Combination, fermenting Liquors and Aliments are to be avoided, and animal food should seem to be necessary - this seems to have been the case in Sir John Floyer himself - I have generally found a Vegetable Diet the most agreeable to Asthmatic people. The less these people, as Sir John remarks, are nourished, the longer are the Intervals of the fits, and ought to

use

all a spare low diet - I am not yet persuaded that one or at most two dishes, are not enough - It is necessary to avoid animal food (in Cases of Dyspepsia however there is an exception, it being here necessary) - all food of difficult solution, as fat, young meat, &c, is much to be avoided - Sir John Floyer advises the same - all firmer and more solid tenacious Vegetable substances, give more acidity and flatulency - Pie-Crust has chiefly that effect - Upon the amount of difficult solution, Milk is an ambiguous diet, in asthmatic people, though it is used as a part of Low diet - Milk is always more or less coagulated in our stomachs, and in that state it is always of more difficult solution - There are stomachs that cannot bear it, but especially Cream - These are the principal Rules of diet in asthmatic people - But different views arise here from other Occasional Causes -

There are asthmatic Cases where there is a suspicion of Plethora, and where the disease depends on Causes operating on the Nervous System - such as Passions, unusual Emotions of the mind, sudden bad News, or any other Cause of sudden Joy or Sadness - It is connected with Nervous disorders, as Epilepsy, Hyste-

-ria

Hysteria, and Dyspepsia - Van Helmont, an Author whom I should have mentioned for the great number of facts he has concerning this disease, says "Lucifuid "sanat Epilepsiam sanat Asthma".

Asthmatic are often readily brought on by various Odours - Sir John Floyer mentions a Laday, who in so many words wrote down that "she had a fit every "time she smell a Stink" - Smoke and Dust, &c, affecting the Lungs, will bring on a fit - Every Vicissitude to which the Lungs are exposed, as much Speaking, vicissitudes of the atmosphere, produce this effect - and whereas Asthmatic people pursue free air, many are better in great Cities than in the Country - I cannot explain this better than by saying, that in the Country we are most exposed to Vicissitudes of the Air *. In proof of the same Asthmatic people are attacked with Spasms, and have a profusion of Limpid Urine, as in other nervous affections, and lastly the disease is Cured by Tonics and antispasmodics - Here, then, are two Cases of Asthma

* The Barometer shews a change in the Weather almost half a day sooner in the Country than in Town -

Asthma, or at least two Indications.

a. To obviate Turgescency.

b. In other Cases to avoid Causes of Spasm, and employ antispasmodics –

But it is difficult to distinguish these two Cases, as on any supposition, every Cause of Turgescency, and on the other hand, even in Cases of more pure Turgescence, every Cause of Spasm affecting the Lungs, is liable to bring on fits – There is no explaining this, but by supposing such a mobility in the state of the Lungs, as to render them liable to be affected by every Vicissitude, whether in the Sanguiferous or Nervous System – Hence we understand how in violent fits Bleeding may be useful, and how, when the disease is well confirmed, it may be dangerous, as increasing the Plethora, and diminishing the Tone of the system. From this, that in the Nervous asthma, every cause of Turgescence may bring on the fit, we deduce that in both Cases all part of the antiphlogistic Regimen are necessary –

As for the Remedies, there is a foundation for the use of Vomits in the combination of Dyspepsia with asthma – Further, I have told you how to distin

distinguish Asthma humidum and siccum;- and how, commonly, the asthma siccum and convulsivum is changed into the humidum - But Asthma is often combined with Catarrh, in which Vomit may be useful - As a pectoral, Vomit may prevent, or greatly moderate the fit, being taken a little before; but in the fit we dare not employ Vomiting, as actual suffocation has sometimes be the consequence of it, and in this state, and when the disease is fully formed, we are cautious of urging the blood in the lungs, as Asthmatics possess a very great degree of sensibility -

Purgatives in Spasmodic and Dyspeptic Asthmas, are necessary to keep the belly open, - But, chiefly in the more pure nervous asthma, great evacuations are dangerous -

Exercise is of use, by supporting the Tone of the System, but chiefly by supporting Perspiration. When I spoke of the necessity of Cold air, I should have mentioned that cold air, in as far as it tends to promote Perspiration, is very useful - Gestations have also been found extremely useful; - but no persons are so unfit for bodily Exercise as Asthmatics, as it affects the Lungs - These Remedies may relieve but they

they seldom Cure - Few diseases are more rarely cured than Asthma -

But from the last view we have taken of it, it is plain that the Cure should be attempted by Tonics and Antispasmodics - And accordingly Acids and Volatile alkali, have been tried for this purpose - But they give a temporary relief only, and are hurtful by being stimulant and disagreeable - Sir John Floyer gives one Instance, and I have known many, of Spirits C. C. though commonly employed, encreasing Asthmatic fits, and even exciting suffocation - Generally all such Remedies are hurtful, as you may see in Sir John Floyer -

What Musk may do in this disease, I have not yet been able to learn - Riverius, Etmuller, &c gave Opium as a very certain Remedy - Sir John Floyer, Dr Ridly, and many other Practitioners, frequently employed it - On the other hand, many blame it - Opium may occasion a Turgescence of the whole system, and even, in spasmodic Asthma, the too long use of it, may at length destroy the Tone of the system, and thus encrease the disease it was intended to Cure - But from the general view of this disease, and from the Experience of so many

Facts

Practitioners, I should think Opium might often be useful - Fraller brames Opium in Asthma, and gives a Case to confirm his opinion - But in that case he has mistaken an Hydrops Pectoris for an Asthma -

After Antispasmodics, TONICS are to be employed. It is unnecessary to prove this more fully, after what has been said of the Mobility and Atony on which Asthma may depend - Sir John Floyer mentions a Lady who was cured by the Bark - I have seen such Cases, chiefly in exact periodic Asthma -

On the subject of Asthma, I must depend much, for the application of what I have said, on your sagacity and Judgement - I have done nothing more than putting you in a proper Train to judge of the difference between dyspnoea and asthma - I have considered this disease under two views -

a. From the Plethoric state of the Lungs -

B. Without regard to Turgescency and Rarefaction, which are often absent, From a consideration of a Spasmodic affection of the Lungs, seized with a particular mobility -

I have considered the Remedies proper on both suppositions - On the last the disease must be treated by Antispasmodics, chiefly opium - The difficulty of its

appli

application I have pointed out – To Antispasmodics, in order to complete the Cure of Asthma, we must join Tonics – It is needless to repeat that, perhaps every Spasm depends on irritation or atonia, and that Tonics, removing atony, are the chief remedy in this Case – Accordingly, even in the Time of Sir John Floyer, it was found that the Peruvian Bark was of remarkable use – We have there the case of a Lady chiefly benefited by this; and there are many other Examples of it – As far as my Experience goes I have also found the same – In cases of Vargescency, the Bark is doubtful; and you must apply what I said of it in Epilepsy – Though the Bark is a powerful remedy, yet its effects are by no means permanent – They do not last 24 hours, nay often not six hours, as we see in the fit of an Intermittent, where a less quantity near the fit will answer the purpose better than a much greater quantity at a greater distance – And this is the reason why we so often see the bark useless in Asthma – This chiefly useful when the disease is exactly or usually periodic; as in some cases it is influenced by the Moon There is indeed somewhat very obstinate in habitual diseases, and I know of no instance of an asthma well confirmed, that was absolutely cured, even by the Bark: But of much relief, and considerable diminished fre

quency

frequency of fits by it. I know many instances - There is a probability that other Tonics would do very well - Sir John Floyer, after other Remedies, mentions Bitters, which may be considered as Tonics, though less powerful than the Bark - They were useful with regard to the Complaints of the stomach, though but little so with regard to the Asthma itself -

Another Tonic are Chalybeates, which are frequently employed in Asthma - But what is surprizing, they have been found useless, nay hurtful - The Lady men thioned was the worse for drinking water of Steel - To what this is owing, I am at a loss - But Asthmatic people must not only take little meat, but also little drink - Sir John Floyer was obliged to measure it to a very small quantity - May not mineral waters prove hurtful in this way?

Gen. LII. Pertusis ——

This is not a common Term, but Compound names, such as Tussis Convulsiva, and Tussis Infantium, cannot be employed as generic Names - It is called Chin Cough or Hooping Cough, a disease noticed by authors, and which seems now to be

Epid.

Epidemic in this City. Within three months I have seen more than fifty Cases.

The disease begins commonly as an ordinary Catarrh, and it is difficult to distinguish whether it has arisen from accidental Cold or Contagion, except when the disease is Epidemic, from which we may form a Judgement. "Morbus Contagiosus; Tussis convulsiva, "strangulans, cum inspiratione sonora, iterata; sæpe "vomitus!" Sometimes it varies much in the same family; but the proper form of it is the Kink, in French Quinte, or Convulsive Cough. Every cough, however, is properly Convulsive. But every body knows that there is something voluntary in it, though there may be something above the will. If it be too violent and frequent, we say often in common Catarrh, "It is almost "a kink!" The repetition of it is extremely quick. The Child grasps at any thing in its way, to keep the body firm in such violent agitation. By this it is distinguished from common Cough; and also by giving way to full inspiration, as if the Organs were suddenly relaxed, which is the cause of the hooping. "Inspiratio

sono

sonora, iterata" for immediately after this the Convulsion is renewed - Commonly it is repeated by twice, though sometimes, but rarely, three or four times - Commonly in the beginning there is no Expectoration; but by degrees, and chiefly in Consequence of the second Cough, a quantity of Mucus, gradually encreased, is thrown out - This at first is nothing but an ordinary transparent Mucus; but it thickens by degrees, and puts on an opa-city approaching to purulent appearance - When Expectoration is more considerable, it is finished at the second Cough - another Circumstance is that, Expectoration excites a Convulsion, which puts an end to the present fit, whether there be an evacuation or not - In Children approaching to Adults this is the proper form of the Chincough -

As for the duration, I hardly recollect having seen a Chincough finished under three weeks; but common-ly between this and three months it admits of a Cure; though it often lasts longer, and I have known it continue two years - I have known it remain longer, but in such a manner that every common Catarrh, even after seven years, put on the appearance of Pertussis -

In

In Children past seven years, or in adults, it is not attended with other Circumstances, and is not very dangerous - In young Children frequently much blood is thrown out at each Cough and Expectoration - I have known a family where six Children, seized with the Chin-cough at once, threw out blood at every Cough; and in one it proved fatal. This blood comes sometimes from the Nose, sometimes from the Eyes, or Lungs - From the Lungs it is always dangerous; but blood from the Nose is a favourable Symptom, and is attended with a good effect, as it renders the disease safer, and puts an end to it -

Another Circumstance of more Consequence is, that sometimes the disease begins by an inconsiderable fever - But often it supervenes, and then it is that it is dangerous - Nothing surprizes and affects me more than the opportunity I have here of Observing how uncertain the Facts of Physic are. The accurate Sydenham says, that Fever never attends Chin-cough - He takes notice of an Epidemic Catarrh which approached to Pertussis, but was distinguished from it by the Fever - For he says "me non

"vid.

"vidisse memini Febrem in Tussi Puerorum"—
As for me, on the Contrary, I have never seen it Epi-
-demic, but febrile Cases were as frequent as others.
That fever is often continued, commonly remittent,
and sometimes Intermittent. It begins in the morning,
and encreases at noon and in the Evening, till at length
it puts on the form of a Hectic, obscure in the afternoon,
but considerable in the Evening, with night-sweats, copi-
-ous in the superior, but seldom extended to the Lower
Extremities — I have known the fever to the degree
of producing Delirium in the night —

Another Circumstance to be noticed is the
Dyspnoea, or difficult breathing, occurring in some
a little before the fit, in others during the fit, and
sometimes after, with which the Fever chiefly marks
the Fatality of the disease. The Expectoration at
this time resembles Pus — We unluckily have no
dissections of this disease, to satisfy us, but I suppose
that from the violent agitation of the Lungs, Tubercles
may be formed, which afterwards suppurate — I have
to add that this disease is epidemic, depending on
Contagion, and therefore on the Introduction of
a foreign matter into the body; and as, in all other
such

such
the
that
fall
is a
But
man
with
has

per
resp
his
again
lef
be a
plan
the
such
intr

Ven

such Cases, we know nothing of the nature of the disease, except from its effects. It is observed that this disease commonly prevails with, and follows the Meazles, whence we argue that there is a connexion and similarity between them — But we know that they are very distinct, for many Children have had the Meazles this winter without Chin-cough, and many the Chincough who had the Meazles long before —

Cure. Sydenham says that this is "Malum "pertinacissimum et plane insuperabile." Epist. Respons. ad Rob. Bradley pag. 312. He then gives his method of Cure — Let those who constantly exclaim against Theory, and argue from Sydenhams Empiricism, Let them, I say, read this, and tell candidly whether he be a Theorist or not ... "Ubi quid valeant hic prostare "plane nescio Ego." Surely this is not much better than the Theories of Sir John Floyer — There are many other such Instances, of his having every where a Theory — This introduces our method of Cure —

The best Authors cure this disease by Venaesection and purging — But this Pertinacissimum

A

A plane insuperabile malum will resist both these remedies - I own that in Robust Children, and in the beginning of the disease, bleeding may be useful to moderate the disease; and so far the Practice is safe - But I constantly find, that when the fever is considerable, all the Symptoms are encreased by Bleeding - As to Purging, it sometimes spontaneously prevails in this disease, but it is not critical, and neither relieves nor shortens the disease - Costiveness aggravates the disease, and is therefore to be avoided - But after many trials I have not found Purgatives useful -

Issues have been employed with advantage - I have just now an Instance where from an Issue the disease was very greatly relieved, but returned again upon drying it up, but upon renewing the Issue was immediately relieved -

Vomiting is of more importance than any remedy yet mentioned - When spontaneous is very safe and useful, as is known to our Common Nurses - I have found that Artificial vomiting answers the same purpose - I have at first excited Vomiting by art, and it afterwards became spontaneous - Spontaneous Vomiting is often Critical - It is an Emulgent of the Bronchial Glands, a good Expectorant, and therefore useful; as besides it takes off the

detur

determination to the Lungs - As it has generally been perceived that Vomits were useful in this disease, some have imagined that Emetics given in small doses, so as only to excite Nausea, would be better - Frederic Closius has wrote a Treatise Nova Ver. Med. Methodus, at the end of which he gives many observations on the Chin-cough, and assures us that he has found the Sulphur Auratum Antimonii often useful in it - But we know that other Antimonials must be given in a Nauseating or Emetic dose to produce their effects - Dr Fothergil has told us in the Lond. Med. Essays and Observations, that he has cured Pertussis by Tartar Emetic, mixt with Testaceous Powders, in small doses, which he found safe and useful. I would not wish to Criticise the Practice of a Man whom I respect, and of such sagacity as Dr Fothergil, but must observe that Testaceous Powders decompose the Tartar, and are therefore improperly combined - The common liquid form of giving Tartar Emetic is much better - By that means a certain degree of fever is abated - But if the Fever is inconsiderable, obscure, or Intermittent, and much more still if Intermittent, the

Peruvian Bark is much more useful - Thirty years ago Dr Burton of York recommended for this disease Cantharades, Camphora, and Peruvian Bark & I used to

I employ his Prescription, but being affraid of the Cantharides, I neglected them, and used the Bark alone, which I found answer as well - Whenever Children will take it in sufficient quantity, and when the fever is Intermittent or Remittent, I employ it constantly with success -

Other Astringents have also been employed - The Muscus Potidatus of Dr Willis is no other than an Astringent, which is confirmed by his employing Heat, and putting the Child in a Mill, in this disease - I have known Fear, which I told you was a Tonic, stop the fit for many days - Probably this disease should be attempted by Antispasmodics -

Dr Morris of London employed Castoreum. I have employed it without success -

Musk has been proposed and employed with advantage - I think it the best Antispasmodic - But I dont speak from my own Experience - As a Catarrhal disorder, Expectorants are employed, but with no benefit - Squills and Gum Ammoniac I have known to be entirely useless - Squills may perhaps be useful as Emetics, but are disagreeable as being Nauseous - Sweets and Mucilages are only, and only load the Stomach - There is nothing that has been

more

more recommended in this disease by old Women, and not without foundation, than a frequent change of air. I have known a Child whose fits were stopped by carrying him from Town to Country; but on the lapse they were stopt again by carrying him to Town, and so on till the disease is in a great measure broke - In all Convulsive diseases, entire change of habits, as we have seen in Epilepsy, is of considerable service - In most cases of Chincough this is very practicable, though in some Cases of considerable Fever, as I have sometimes seen, it may prove hurtful -

We have now done with the Consideration of Spasmodic affection of the heart and Lungs, the Organs of our vital Function - We come now to treat of such Analogous affections of the Organs of our natural functions - Perhaps something of this kind occurs on every system of Exordoxies - But, except the Diabetes, all such affections that we know occur in the Stomach - You might expect I should begin by Vomitus - But it is very universally a symptomatic affection - I am certain that in 99 time in 100 at least, it depends on affections of other parts - And when from the Stomach, it is either from Inflamation, Scirrhus, or certain Ingesta, of which the nature is so obvious, that their effect does not deserve a place in our System

G. Fitt. Py

"In functionibus naturalibus."

Gen. LIII. Pyrosis.

" Epigastrii dolor urens,
" cum copia humoris aquei, plerumque insipidi, aliquando
" acris, eructata "

This is not definitely marked in any Systema-tic - It would seem from the amount of Authors it be common only in Lapland - But I believe it is frequent in all Countries, but is confounded with Cardialgia. Sauvages has not accurately described it - If I were to consider Cardialgia as a disease, I should have no objection to including Pyrosis with it - But the Cardialgia is always Symptomatic, and chiefly of Dyspepsia - The Pyrosis is Idiopathic, attacking chiefly Laboring people, and known here under the name of Water-brash -

The Symptoms are a pain in the region of the Stomach, sometimes extending down to the Umbilicus, but most commonly at the end of the Sternum, or as we say in Scrobiculo Cordis, spreading along the Oesophagus - There is no sense of distention, but the stomach is rather drawn in, similar to the morsus Ventriculi - A watery Liquor is brought into the mouth, with a sense of heat - The Liquor is thin, fluid, colorless, commonly insipid, sometimes

acid

acrid, chiefly acid - This disease affects almost all ages, before puberty, and continues through life - affects both sexes, chiefly the female, particularly barren Women, and those seized with fluor albus - sometimes it is combined with Dyspepsia, but commonly not - Often it seems to be induced by acrid, acescent, rancid, Empyreumatic food - But on other occasions it proceeds from no evident Cause, or evident Indigestion; but is particularly liable to attack when the Stomach is empty - Though there be no sense of distention of the stomach, there is a sense of gnawing, tearing, ragging - and the Stomach is drawn inward - When the pain is at the Cardia, and extends to the Oesophagus, it is attended with a sense of acrimony, and the spitting is preceded by obscure Eructations -

The Theory of this disease may seem difficult, but I hope it is not so far as it is attended with Eructations from acrimony, manifestly acting on the Cardia, I have formerly explained - Nor is there any difficulty in explaining how much fluid is thrown out of the stomach - But why is the fluid insipid? From the explanation of Cardialgia, Ructus, Morsus Ventriculi it appears that they proceed from a moderately inverted motion of the Stomach - But a violent Convulsion

will

will certainly emulge the Emunctories of the Stomach. There are constrictions of Excretories, which straighten the passage, but do not stop it entirely; and if the Constriction be of the Convulsive kind, it may be the cause of generand Secretion - But only the thinner and more fluid parts will pass off, the grosser being retained - But this would be mere Theory, if we did not know certainly that the Diabetes, Hysterica, which consists of an encreased flow of Urine, with sour Smell or Taste, is to be explained in the same manner; (and I shall have occasion to say, that the same thing happens in the survey) all are agreed that in that disease the Ex-cretories are agitated with convulsions, which augment the Excretion; but in such a manner that the more gross saline and oily parts are retained - This takes place also in the Survey, where the perspiration goes on, except only that the grosser parts are retained in the blood and form the disease - This appears to me to be the Case in Pyrosis, from the consideration of the Phenomena -

CURE - This is very difficult - I know many persons who for many years have been often Liable to it, with, or without, evident Causes - I hinted that it is often a symptomatic affection, particularly of the Fluor Albus - When this is the Case the primary disease is to be attended.

2. Whenever this disease happens from evident Causes, such

such a
the ou
offcon
propo
3. M
philo
But
Ethe
be y
being
tig o
Aron
and
Often
-gal
in f

Chra
: qu

will
take
i a

such as food, &c the Cure will depend on avoiding the occasional Causes, or, sometimes, preventing their effects - If it be attended with acidity, alkalies will be proper -

3. When this is not the Case, we find no other remedy of Relief, but that powerful antispasmodic, Opium - But if given in a Liquid form it be returned, by the Eructation before its Operation, and though it must be given in substance and in very small pills, as being more liable to sink and escape the Cardia than big ones - When the disease is joined with Dyspepsia, Aromatics, Tonics, Chalybeates, Habitual Laxatives, and other Remedies used in Dyspepsia, are proper - But Often it resists all Remedies; and sometimes returns regularly, in which Cases, I think, I have seen the Bark useful -

GEN. LIV. Colica.

Char. "Dolor abdominis, praecipue circa umbilicum lorquens; vomitus; alvus adstricta."

This subject is embarrasing and perplexing - I will clear it as well and as shortly as I can, avoiding to take notice of particular opinions - In many cases this is unavoidable and useful, but not so much as I could

with

with, as it supposes a full previous reading of Authors, which is not to be expected till a second course - Therefore I will deliver my own doctrine.

1. Almost every pain of the lower belly has been called a Colic - But we limit it to an affection of the Intestines; and this is often known with difficulty, yet I think we can ascertain it -

a. By the seat of the pain; when it is not more distinctly felt in the region of the Stomach, Liver, Bladder, &c, but about the navel - The Pancreas, Mesentery, and Omentum cannot well be excluded - But pains arising from the affections of these Organs, are almost entirely of the Inflamatory kind, which we exclude from the Sea of Colic -

b. We judge from the manner of the pain, which Linnæus has justly called Dolor Umbicalis. I think that every propensity to remove obstruction of the Intestines, excites the action of the Abdominal Muscles by Sympathy, Ratione Officii - From thence we understand why uneasiness of the Intestines often affects the Abdominal Muscles to a considerable degree - But every Oscillation of these, will be felt in the Tendinous parts, in the Linea alba, but especially near the Umbilicus, where they concur - thence the sense of gnawing, tearing &c - and hence the Navel is drawn inwards - Though there be a constant

Alter

alternation of motion, yet there is also a constant spas-modic constriction, and the abdomen feels like a bag of apples - The abdominal Muscles are then under different degrees of Constriction; and without speaking of Oscillations propagated to the extremities, these Constric-tions must be combined & gather near the Navel - Hence the bending of the Belly forwards - The other Viscera may be affected with pains, but hardly any other disease than the Colic is attended with Dolor Umbilicalis -

d. By the affections of the functions of the part, Vomi-tus, alvus adstricta, &c - But vomiting is very ambi-guous, and may arise from many other affections; and alvus astricta may also arise from affections of the Kidneys, but is never so obstinate and resisting to Glis-ters - Stones in the biliary ducts are sometimes accom-panied with umbilical pains; perhaps from true Colic, but are soon followed by symptoms of Jaundice - Nephretic pains are also distinguished from Colic, by symptoms of affections of the Urinary passages, such as the course of the pain along the Course of the Ureters; and chiefly the change of Urine - Sy-denham says that in Colic the Urine is higher coloured - In Nephritis it is commonly clear and limpid

limpid - By these Characters, therefore, the Pains, Vom-iting, alvus astricta, &c. I think we may distinguish the disease - I said the Idea of Colic excludes Inflamation, as expressed in the Character of the Class, which is always to be understood in the Character of the Genus. But if so, why did I put Ileus and Passio iliaca among the Synonimies of Colic? Because I considered Ileus as a higher degree of Colic, not necessarily accompanied with Inflamation - The Character of Ileus has been given as constant vomiting, with high acute pain, which may arise without Inflamation - But then it is only Symptomatic, as for Example, of the Colic. I have seen but two cases of Ileus - In one of which there was a Vomiting of Stercoraceous matter, attended with Inflamation, which ended fatally in Mortification - The other case was vomiting of Injections by the mouth; but the person recovered, and there was no fever, nor any suspicion of Inflamation - An Eminent Physician, Sir John Pringle, would insinuate that there is always an Inflamation - But when it begins, and subsists long, as a Colic, and at last changes into Inflamatory Ileus, it is Enteritis - The proper Ileus differs from Colic only in degree, which does not constitute a Genus -

With

With regard to the Cause, it is a Spasmodic Constriction of the Intestines which occasions Alvus astricta and Vomiting, either from an inversion of the Peristaltic motion, or from Sympathy - As this Proximate Cause applies to all Species, it is not necessary to distinguish Species, which could be done only from Remote Causes, not influencing the Proximate Cause or the Cure - Therefore I shall enter into no distinction of Species -

You would expect I should distinguish Colics, as differing in their Effects, as the Colica Pictonum - But I shall say there is no difference, except in degree, and that all Colics are cured by the same Remedies, applied proportionally - Therefore we proceed to the Method of Cure

Cure. We have settled the Pathology of Colic, and are now come to the method of Cure - From the Pathology laid down, our Indication is obviously to remove the Spasm of the Intestines, which is the fundamental Circumstance of the disease - This is to be done in three ways

1. By Relaxant Remedies -
2. By promoting the action of the superiour Parts.
3. By mechanical Dilatation -

Relaxants, such as Venaesection, Blisters

Anti

Antispasmodic Medicines, Emollient Applications –

a That Bleeding may remove Spasm, even of this kind, may not appear at first sight – But consider that such a Spasm is in some measure communicated to the arterial System, and in relaxing this, bleeding will remove the original Spasm – Bloodletting is therefore of use thus; but it is also useful on another account, as the Spasm, by impeding the course of the blood, is very liable to induce Inflamation – I have seen a fever brought on in consequence of this Spasm – In all vigorous and Robust people, therefore, this consequence is to be obviated by Bloodletting – Many Physicians have considered Cholic as purely inflamatory: I have said why not; and yet bleeding, though not sentially necessary in it, is a good Prophylaxis against superveening Inflamation –

B. Blisters from Experience have been found useful in taking off Inflamatory Spasm; but they are also useful in others I have found them useful in Colics, the most free from suspicion of Inflamation – We have seen that in Consequence of the Evacuation they induce, Relaxation ensues, which communicates to the adjacent parts; Sir John Pringle objects that they prevent the use of another more powerful remedy, Warm Bathing; I employ

warm

warm Bathing before blistering, and 24 hours after the Blister is dr. I can repeat Bathing, and find no inconvenience from the application of warm water to the Blistered part.

3. Antispasmodic Remedies, of which Opium is the chief, and is very necessary.

1. To remove the pains, which are sometimes so exquisite as to have been called Miserere, which in proportion to their degree give suspicion of more or less violent Inflamation.

2. Because violent Colic is attended with Vomiting, which prevents the use of other Remedies, which cannot possibly be employed till the Vomiting is quieted by the use of Opium.

3. To relax the Spasm directly. Opium is therefore suited to this disease, in proportion to its violence. Vomiting, however, will often frustrate the administration of Opium. I have said that this may be obviated by giving it in small Pills, and if this fails, Plaisters of Laudanum will often answer. There is a case of Vomiting, sometimes attending Diarrhoea, in which we cannot employ Opium, because it is immediately rejected. In this case Glisters, with Opium in large quantity* will be as effectual. But in the Case of Colic, this is not a common Practice, and not eligible, because it leaves a Torpor on the parts chiefly affected. But I would often employ it, when other remedies fail

* Gutt. 40. vel. 50

fail - Though Opium be a good Palliative remedy, yet as it induces Torpor, and as the disease often depends on retention of faces, Opium retards on one hand as on the other it favours the Cure -

5. Another Remedy to relax the Spasm, almost as powerful, though not so permanent as Opium, is Emollient Applications on the Belly - But this is a much more imperfected remedy than immersing the whole Lower Extremities in Warm Bathing, by which the Extremities are exposed to the relaxation induced by heat and moisture, which, from the connexion between the feet and stomach, operates effectually on the Intestines - At the same time it has no tendency to induce Torpor, or retard the action of the Intestines; - On the Contrary, it seems to excite it - I have often seen a stool in the Bath -

2. None of all these Relaxants are sufficient, as will be the Case, they being only, as it were, preparatory to the second means of Cure, we must farther excite the action of the Intestines; - and in order to Stimulate them, resolve the Spasm and bring down their contents, which is often the Cause of the disease - Purgatives are given either by the mouth or Anus - We employ chiefly Glysters, because the disease is more frequently in the great than in the small guts - But the excited action in one part of the canal, will be propagated to the whole - We begin by the least Stimulant, to prevent Inflamation,

such

such as Saline Glysters, made chiefly of common Salt; and it is unnecessary to trouble ourselves with other Formulæ - for those that are either too gently and weakly stimulant, or too transitory, often fail - Therefore we are often obliged to proceed to more powerful and permanent ones, among which Turpentine is the chief, either by the Mouth or Anus - But it is apt to induce Inflamation - Its preparation is troublesome, and its Exhibition requires some address to measure exactly the quantity (which is generally about an Ounce). We are often obliged, however, to have recourse to the more acrid Purgatives, and those that we can most depend on, from their strength, though they are apt to induce inflamation - Of these the most powerful is Colocynth (Antimonium Cathartieum ℥ij. vel ℥iij. with Tart. Emet. ʒ ss to ʒi have been useful in Glysters). But with regard to all these stimulant Glysters, the disease may be such, and occasioned by such a retention of Fæces in the lower parts of the Intestines, that Glysters will often fail; for they are active only in proportion to their penetrating further. One sort kind of Glysters penetrating further, is the smoke of Tobacco. We have reason to think it will prove very up, as it has been found to reduce incarcerated Hernia - But the Engine must be good - Chaffor of Ratisborn, a man of great natural industry, has

lately

lately offered a double Syringe, which I believe will answer the purpose - But you may see one of my contriving, which is very simple, at the Infirmary - but often no kind of Glyster will penetrate far enough, and therefore we depend chiefly on Purgatives!

Not only because of the danger of supervening Inflamation from more acrid Purgatives, but as repeated gentle Stimuli excite the action of the Peristaltic motion without inducing Spasm, as the more acrid purgatives do, all Practitioners choose gentle Cathartics, - Neutral Salts, such as Glaubers for Example - But But this is liable to affect the stomach and bring on Vomiting, which in this state is most easily - But it is necessary that the Purgative should be applied at the same time to a large surface - To obviate the Inconvenience of having it repeated, from a fourth to an eighth part of Marine or common Salt may be joined with it, which makes it set better on the stomach - Hence Dr Aberdeen found the Sal Cathartcum Amarum, which is Glaubers Salt less purified, and therefore contains more of the nature of Common Salt, the most eligible remedy - But as it is necessary to disguise the Taste, and to render both more agreeable, I combine an Acid and Sweet, as Manna, or Brown Sugar (which is purgative and may answer as well as Manna)

and

and Decoctum Tamarindorum or Cream of Tartar, will answer very well, if given par the prise - yet it has sometimes disappointed us, and therefore other remedies have been tried - One in great favour is the Gum Guaiac, a favourite remedy six years ago in the W. Indies; ℥ij or ℥iij of it being dissolved, and by triture diffused with the yolk of an Egg, or some other Mucilage, and given in a small dose every half hour, to the quantity of ℥i or ℥ii, and with advantage

But I am much disposed to prefer the Oleum Ricini - I cannot say why much Oil should be a powerful Laxative; but it is so, chiefly in violent spasms. I know a Lady liable to Colic, who takes with success ℥v or ℥vi of Oil on every attack - Oils are slow of digestion, and remain longer on the Stomach than other substances, as will Fat meats longer than Lean - Beyond a certain quantity, it passes in its oily form by the Pylorus - How it resolves Spasm, consider yourselves -

Some depend on Calomel, given in great doses; and I believe that in consequence of its slower solution it penetrates farther down - gr X or even xj have often been given with success - But I am rather timerous; for if Calomel does not immediately overcome the obstruction

obstruction, it will be in danger of inducing Inflamation: So it is with more acrid Purgatives, which I never dare to try freely. I have sometimes joined Senna with Salts, but find it difficult to cover its taste, and it excites the stomach too much –

We have but lately learned the use of Tartar Emetic. The French say that Vomiting is the best remedy in the Colica Pictonum, as you may see in a Thesis published at Paris, from Experience in their Hospitals! I have not had sufficient Experience to deny this, but I dont understand how encreasing that vomiting which is already too excessive, can be a means of overcoming the disease – I am, however, willing to try the Experiment; but then I should give it in small doses, as we know that a small quantity may be given every hour, without exciting vomiting – In the case in France, I suspect that the Tartar Emetic passed over the Pylorus. I would combine it with other Purgatives, as Jallap, Hydragogues, &c, or par Reprise –

Another means employed, is throwing cold water on the Extremities, which was discovered in this Country, probably, by accident, by Dr Stevenson. See medical and Physical Essays, and Sir John Pringle –

I have seen it used twice without success - In one of these Cases there was a Scirrhosity of the Pilorus; and as the Case was incurable, Cold water could do neither good nor harm - In another Case, the cold water had no effect, but the Patient recovered.

3. Mechanical Dilatation. Quicksilver in a liquid form has been employed for this purpose, and Practitioners say with advantage - Three times I have seen it employed without effect - We are obliged to give it in small doses, divided by triture; and it is almost impossible to apply it in such a manner to a particular part, as to make it act there by its weight. In the Scirrhous augmentation of the Colon above mentioned, two or three pounds of Quicksilver were given - But it appeared upon Dissection not to be collected in the lower parts, but so divided as that not the bigness of a pins head appeared together; and if it should run together, it would be insufficient to remove the Stricture; and with me it is a remedy of no efficacy - another method is to throw in a prodigious quantity of Water by the Anus, which has been found, in Dogs, to Issue by the mouth - an Italian practitioner employed it in the Ileus, for which I refer you to De Haen, as I know nothing of it more than I learnt from him.

I have spoken of the proper Spasm of the Alimentary Canal – We come now to its diseases of the Convulsive kind –

Gen. LV. Cholera.

Char. "Humoris plerumque biliosi vomitus, ejusdem "simul dejectio frequens; anxietas; tormina; Sarcarum "Spasmata"–

Marked by vomiting and Purging at the same time, shewing well the mobility of the Alimentary Canal –

The first observation with regard to it is, that it is often only a diarrhoea, from violent causes, and attended therefore with vomiting; and is often to be explained as a Diarrhoea, so as almost to make it unnecessary to separate these two Genera, were it not that it is desirable in practice to break the Genus of Diarrhoea as much as Possible, and because they have been distinguished by all Physicians – Under this Title I would consider only the Cholera Spontanea of Sauvages, of which alone I can form the Genus of Cholera – But the Characters I have

given

given is not so well adapted as I could wish - Humoris plerumque bilosi, to make it more extensive; but in that specific view plerumq should be omitted - and the Character of the disease is too great an excretion of Bile - But this occurs, contrary to all instances of such excretions of bile, without any evident Causes of Acrid matter in the stomach and Intestines - There are other exciting Causes of it, as I shall say hereafter, but none from Acrid Ingesta; and it is remarkable that occurs only at one particular Season - Sydenham is aware of this - He owns that there are other Cholera, which have the same Symptoms and method of Cure, but yet differ from this, by the Season in which they occur - He confines it to August, but this must be considered of Britain only; for in Southern Countries there is a greater Latitude - I find that in Leghorn, it is limited to the warm months of the Summer; but there is a variety in this, as the warmth sets in sooner or later - In Minorca that abundance of Bile appears first in Children, then in Adults - It is therefore manifestly the effect of the warmth; and the time of its prevailing is much longer in warm climates than in cold ones - Hence

we

we conclude that the disease arises from acrid bile, too abundantly poured into the Intestines and stomach. Its abundance is evident - Its acrimony appears from the violence of its effects - Whether that acrimony arises absolutely in the bile, or is only the effect of its greater Excretion? Both appear to me to have a share. The Bile has not always that acrimony, though in the same abundance; but on the other hand, it acquires it chiefly from Perspiration being obstructed - A frequent Cause of this disease is rain and moisture. Another is cold drink - These seem to shew that encreased determination to the liver, and unusual afflux to the Intestines of bile; which from the season is in a particular State tending to acrimony. Other questions that might arise here have little influence on the method of Cure - It is not necessary to trace it to its ultimate Causes - It is enough to know that acrid bile is abundantly poured on the Intestines - On this the method of Cure turns

Cure - First, To favour the Evacuation of that acrid matter, by plentiful dilution, and to moderate its effects by bland and mild fluids, not able to irritate

any

any fermentation – Hence a light broth is the proper diluent – This is our Practice; and Sydenham has carried the attention so far as to address his Directions even to the Cook, with regard to it. The Antients employed Cold water; with what safety and propriety I leave you to consider –

2. As this Evacuation is carried on with violent convulsive motions, they are liable to go to excessive Spasms and Convulsions, and to communicate to the rest of the System – Hence Cramps, Convulsions, and sometimes Syncope – Hence the use of Opium, to quiet the Tumult, is necessary – When the disease is moderate, we allow it to take its course without it; but when attended with strong Convulsions, we must even neglect the Evacuation, and first employ Opium –

Gen. LVI. Diarrhoea.

Char. "Dejectio frequens; morbus non contagiosus; "pyrexia nulla primaria."

This is no more a Genus than the Dyspnoea or Vomiting – It is very universally an Idiopathic affection;

excited in Consequence of Ingesta, which are not an ob-
-ject of our Practice - Such Genera are of no use - There
is no use for genera, except for natural Ones, compre-
-hending many Species, and admitting of generic Practice.
When the Practice is to be diversified for each Species,
there is little use in considering the Genera - But it was
inserted here, in opposition to Dysentery, from which
it is thus distinguished; Morbus non contagiosus,
pyrexia nulla primaria - Dejectio frequens is the only
proper Character - as it is inserted here, I must speak
a little of it - If we were to treat it fully, we should
begin by enquiring when it is Idiopathic, depending on
a primary affection of the alimentary canal; and when
it is Sympathetic - Then in what Cases other affections
act on the alimentary Canal, by determination of mo-
-tion or of matter - Fear induces Diarrhoea - I know a
Lady in whom it has always that effect - Cold water ap-
-plied to the feet has the same effect - These are instances
of determined motion - With regard to determination of
Matter, such as Bile, Urine, &c, - We should enquire
whether Fear induces Diarrhoea from determined mo-
-tion or matter - As for Idiopathic Diarrhoea from
affections of the Intestinal Canal, we should en-
-quire whether it arises from encreased Irritability,

as

as in Lienteria; or from Irritation — The Causes of en-creased Irritability are obscure; and as for Irritation, — There is such a variety of Irritating matter, whether poisonous or degenerate Aliments, that it would make our work very difficult — We should consider also the variety that may occur in our fluids, such as bile and Mucus, which certainly may turn acrid; the gastric and Pancreatic Fluids, which may certainly be varied —

We should also enquire into the various Causes of purulent Ichor, from Ulcerations and Abscesses in the Intestinal Canal — From this Scheme you see that this subject properly belongs to the Pathology, and is too long for this work, and would lead us into a dis-cussion which would include almost all diseases —

As for Practical Remedies, I am to tell you only what you are to do — There is no greater error than to imagine that there is a Routine, which, to be a Doctor, it is sufficient to know — There is no such established Practice in any disease, and especially in Diarrhoea. Practitioners, as far as I know, have proceeded on a suppo-sition of Acrimony or Laxity, which is attacked —

1. By certain Correctors of Acrimony.
2. Certain Demulcents.
3. By Purgatives, to evacuate the morbific matter. —

4.

4. Astringents, to cure the Laxity of the Intestines -

1. Correctives of Acrimony.

a. Absorbents, such as burnt Cornu Cervi and Chalk, may be proper in Children, in whom the acid acrimony may be suspected, and in other Cases where it is evident. But the constant use of absorbents is very absurd - In the febrile Diarrhoea, where there is so often a state of putridity prevailing, absorbents must certainly be hurtful, by destroy the acid which tends to prevent that Putridity - Sir John Pringle pointed out this, by very obvious reasonings - On the other hand, Putridity is very often the Cause of Diarrhoeas in fevers and other Cases, and therefore acids should rather be employed, as Correctors of it - Boerhaave would persuade us he has an infallible remedy against it - See the Aph. 88. No 5. "lenibus obtendentibus, qualia, &c, et laudatissima Boli, "acidulo balsamico tuto et demulcentissimo liquido, confer "-tis" This is very pompous Language - Van Swieten in his Commentaries on this endeavours to prove they these Boli are so demulcentissimi; but whoever is acquainted with the natural History of these Boli, well knows they are useless refinements - I have used them in great quantity, and found them only an useless and inert weight in the stomach, as their acid is not evolved. -

2. Demulcents - The Mucilaginous are safe -

The

The Oils are safe, perhaps, also, but are precarious Remedies - I can hardly give Sir John Pringle credit for his Emulsion of Mutton Suet, which is analogous to our Scotch Broth -

3. Evacuants are more to be depended upon, but particularly Emetics - When either the acrimony arises in the stomach, as it often does; or when from obstructed Perspiration, Emetics answer very well - Practitioners think much more of Purgatives, as more particularly applied to the Seat of the morbific matter, in order to evacuate it - But Rhubarb, so promiscuously given, is very often useless and improper -

B. In the Cholera nobody employs Purgatives or Rhubarb, because it is agreed that the acrimony is sufficient to evacuate itself - The same reason should apply to Diarrhoea (if there be an acrimony excited, it is under a natural fermentation, in which case purgatives will not evacuate it). In Dysentery Purgatives act, not as evacuants of acrimony, but as resolving the Constriction, and thus, merely from the supposition of Acrimony, the use of Purgatives is not founded -

B. This is true, chiefly if there is an increased irritability.

d. If from the obstruction of some natural evacuation, Purgatives are suited only to encrease the erroneous determination.

e. When the Diarrhoea arises from too great a fluidity

for

or Colliquatio of the Blood, as when it occurs in hectic fever, purely purgatives can do no service; and I have seen in such Cases Rhubarb employ an hundred times without effect

3. When the determination to the Intestines is attended with Inflamation – Sydenham taught us that Venaesection is the proper remedy; and Purgatives are certainly improper – Therefore, if Purgatives are useful, it is in Cases approaching to Dysentery, where there are Tormina, indicating some constriction; or to correct the aptitude of Opium, when this employed, to induce Costiveness.

4. Opiates, when there is an encreased Irritability. Nothing more shews how often this is the Case, than the great use of Opium in Diarrhoea, which shews that the Irritability has taken place in a certain degree – When the Pains are considerable, and when the evacuation is very considerable, Opiates are generally at least allowable, except.

a. When the Diarrhoea can be supposed to be of the Critical kind, as in Fevers.

b. When it depends on acrimony, in which case Opium is hurtful, by stopping the natural Excretion.

If the Diarrhoea arises from Surfeit, or other such Causes, the means of favouring Evacuation by dilution, &c

be will be very proper; but even then Opiates will be allow-able; and in all violent cases, as in the Cholera, they are necessary - Often Opiates produce no astringency, but only a transitory cessation of action of the Intestines - On this account Opium was my favourite Remedy in Dys-entery - But in Diarrhoea, if it be not universally pro-per, it is at least generally allowable

Astringents. In what Cases they are allow-able, will be obvious from the consideration of the Causes of the Diarrhoea; but at the same time I would say they are proper only in Cases of atonia, from Causes affecting the whole system, as in hectic fever; or from violent spasms or Convulsions of the Intestinal canal - Generally in the same Cases increased Irrita-bility will concur with atony - Hence the Lienteria a Species of Diarrhoea - I have put it among the Synonyms, and have only to observe with regard to it, that the atonia of the alimentary canal must be sup-posed in that case, chiefly seated in the stomach, consisting in a Laxity of the Pylorus, in Consequence of which the Contents of the Stomach pass out without Coction and Fermentation; and hence pass off by stool in their natural state - In general, in all cases of atonia, and consequently of increased Irritability, Purgatives may cer-tainly be hurtful, and Astringents are the only useful Remedy - As for particulars I refer you to the Materia

Medi

Medica, having but little Experience of them myself.

Among the Synonyms of the Diarrhoea, I have put the Hepatirrhoea, an obscure disease, which I can neither from reading or observation learn any thing of. There is also the Caeliaca, or wasting of Chylous matter, a rare occurrence, which I have met with but two or three times, and only in Cases of Mesenteric obstructions, discovered either by the Symptoms or by dissection.

Gen. LVII. Diabetes.

Char. "Urina praeternaturalis, copia immodica, profusio, chronica."

Whether this is its proper place, is uncertain. Certainly it is often spasmodic, but that it always is, is improbable. Transeat cum ceteris erroribus. There are certainly here some imperfections in our method. It is not long since I thought it one of the most mysterious diseases of the system; but now I hope clearly to account for it.

It has always been considered as a rare disease, and every body repeats the observation of Galen, who had seen it, he says, but twice. It may be rarer in warm Climates than in cold ones, and therefore more frequently seen by me. Celsus takes notice of it, without observing its Rarity. It is certainly more frequent than it is

is thought to be - and I have often found it when not observed by the Patient himself - Upon the whole, however, and comparatively speaking, it is a rare disease, and on that account Physicians have given very extraordinary facts about it, which we shall neglect, to avoid the long discussion they would lead us to.

1. It has been frequently said, that in Diabetes, the drink did not change at all - It affects me with melancholy to consider how uncertain and false our facts in Physic are, even when asserted by men, otherwise of credit and reputation - That Bartholinus, an eminent Physician of the last age, tells us that in a Diabetes he had, he rendered Rhenish Wine in the same state in which it was drunk; so that any body who saw it in a Glass would certainly have mistaken it for good Rhenish Wine; a fact very false - He also mentions Benedictus Sylvaticus, who had known a Patient, as he says, who rendered red Wine exactly of the color, flavor, and all the other Properties of red Wine - Consider only the whole course of the drink before it arrives at the Kidneys, and you will soon see the impossibility of its not being affected with mixture.

2. Such Stories are also told of the suddenness of the Evacuation, that Eminent Physicians, either deceived themselves, or willing to deceive others, have thought, and given an account of other passages of the Urine to the bladder than the

the Ureters - an Author says that after a Ligature made on the Ureters the bladder was filled, a fact which from all contrary Experiments, I take to be a perfect Lye - See Hallers Physiology, where he has collected and refuted all these -

3. They have also told lies about the Quality of the evacuated fluids - sometimes they tell us that is chyle - sometimes sweet like honey - I will not say this are entirely without foundation, but they appear very improbable - They are chiefly English Writers who have spoke of the Sweet Diabetes, or such as seem to have copied from them, which Savauges properly calls Diabetes anglica -- See among the Disputations of Haller one of Dr Mehr. Rara Diabetes Observatio - There, he says in speaking of the taste of the Urine, "Sub "salia ad dulcedinem magis vergens" - a Pure Sea Salt gives to the Tongue a Sensation of Sweetness; whence the common Expression, Sweet Salt - Limewater and other Substances, as Alkalies, give also that sensation of Sweetness, without having sweetness in themselves. I have carefully sought for Sweet Urine in five or six Cases, without finding it, though some of my Brethren pretend to have been more successful - Sydenham has not mentioned this Circumstance

4. The quantity is also falsely exaggerated - An Author says XX ℔ were passed in an hour, "ut repeti vix sus "tineat" as Haller says -

To

To confine ourselves to what is more properly the Case, I reject these facts, as false; or inexplicable and unintelligible - I confine myself to enere and Quantity of Urine; and to account for it, I say,

1. That it may be owing to an unusual dilatation of the Secretories in the Kidneys - Hence we understand how some persons have their Secretories often in such a state of action, and so fitted, as to be much relaxed by it. In proof of this, Diabetes is a disease of great drinkers, - especially of those who use small drinks, and are therefore obliged to take large quantities to produce Intoxication - I was member of a Club of my own Countrymen (West), when small Beer was the Jovial Liquor of people above the common Rank in Life - We used to Scourge, as it was called, the Nine-gallon Tree*. The method was to set it running, and succeed one another with Cups, as fast as it was drawn off; so that in about half an hour seven or eight drank all this quantity, and induced in the Secretories of the Kidneys a permanent Laxity, so that several of this Club had afterwards a Diabetes - A Gentleman who three or four years ago wrote here his Thesis on this dis-ease, says that he knew a Club of Ladies who immitated the other Sex, by drink Toasts, but the Liquor used was Tea, of which more than a gallon each was sometimes drunk; and one of them was seized with the Diabetes - The fact is certain the Consequence probable - Hence also this

* Scotch, or 36 English gallons.

dis

disease is more frequent among those that drink mine-ral waters, who generally think they must drink much - Haller mentions a person who every day drank five English gallons -

2. Independently of such dilatation, the Secretories may be relaxed from debility to such a degree as to admit great quantities of fluids to pass - Some Causes of debility act more particularly on the Kidneys, as in the atonic Gout, and Savauges has a Diabetes Nephritica - There are also other Cases in which the Kidneys are affected along with other diseases, from Cachexia.

Dr Mead has taken a singular fancy, that this disease arises from the Bile; hence he explains the sweet-ness of Urine by the separation of water from the Bile. But in Experiments, at which I have been present, this could never be done; and it is easy to perceive that this is mere Hypothesis, In consequence of which Dr Mead was lead to explain the frequent Connexion of Diabetes with Scirrhi of the Liver - I have told you already that Cachex-ia is an incipient Anasarca, or Laxity of Exhalents, which may be communicated from one Viscus to another, to the Kidneys, for Example - Intermittents produce a cachectic state, and also, according to the observation of Sydenham, Diabetes.

3. Diabetes may be owing to Stimuli, direct or indirect.

Thus

Thus the Diabetes Hysterica, arising from Convulsions of the alimentary canal, affecting also the Secretories of the Kidneys - Dr Whytt, labouring under a variety of Symptoms of Dyspepsia and Hypochondriasis, was also frequently affected with Diabetes. While the atonic Gout produces so many disorders in the Viscera, it also affects the Kidneys, and induces the diabetes arthritica - Thus Bartholinus had a Diabetes, in consequence of a Calculus in the Pelvis of the Kidney - Hoffman mentions a Case of frequent Diabetes, which on dissection was found to depend on the stone. Authors explain this by the frequent use of Diuretics in that disease - If it were true that diuretics act very powerfully, they might induce the dilatation of the Secretories, of which I have spoken; but consider how little they operate, how great a quantity of them is necessary, and how soon they are washed off, and you'll conclude that little is to be attributed to that Cause.

4. Increased Absorption of watery parts - While the Urine is proportioned to the Drink, there is no diabetes; but there are many instances proving that the Skin can be in an absorbent state - When we find that for a long time the Urine exceeds the Ingesta, as it does sometimes when it is 4. 5, or 6 times as abundant, and even so far as to exceed the weight of the body in 24 hours, we must suppose that it comes from

ab.

absorption, either by the Lungs, or by the Skin. Some late Writers have proved that it could not come by the Lungs: therefore it must be by the Skin. Every day it happens that obstructed Perspiration is determined to the urinary passages. So far as this is a transitory affection, no disease ensues; but we can perceive that if this be continued, it will turn into habit, form the fact I have mentioned to prove absorption. There is reason to believe that under the derivation of perspiration, the disease must go on always encreasing by the absorption taking place. Thus we might explain the effect of sudden cold drink, in inducing a permanent Diabetes (either from absorption, or unusual quantity; we may however often see that obstructed Perspiration has little share here). In all Cases of Diabetes I have seen, there is in the beginning a coldness and dryness of the Skin, which make us presume that Cold Climates are more subject to them warm ones. Hence Dr Mead advises for the Cure to go to warm Countries. Hence also we may explain how the Diabetes is more considerable in day than in night, from obstructed perspiration. I was in hesitation, whether a dissolution of the blood would not induce Diabetes, as in Colliquative

Colliquative hectic Cases, but it cannot long subsist; whereas Diabetes is a Chronic disease often, as marked in the Character - Diabetes does not occur in Scurvy, and in other Instances of dissolution of the blood - This is the best account I can give of the remote and Proximate Causes -

There are still some other remarks to be made on the Pathology of this disease -

1. It is constantly attended with Thirst, which should have been marked in the Character, and which is easily explained from the efflux of watery parts to the kidneys from every part of the System, thus occasioning a dryness of the Throat; and explaining also the Ardor Viscerum that occurs here - These symptoms likewise occasion Ascites - Whether we may not also suppose a superabundance of Acrimony, in Consequence of the diminution of watery parts? Whether also the Acrimony of obstructed Perspiration is not accumulated in the blood, without being derived to the Kidneys? We know that obstructed Perspiration may produce Diarrhoea, and we have seen it naturally terminate on the Mucous glands of the System - The thirst, Ardor Viscerum, and hectic induced in Consequence of diabetes, will also give great presumption of Acrimony in our fluids! -

CWC.

Cure. If the disease depends on the Gout, or Cachexia, or Hysteria, the Cure must be directed to the primary disease - We are here to consider chiefly the Case of Idiopathic and primary affection of the Kidneys themselves, where we must endeavour to restore the tone of the relaxed Vessels - Though astringents can scarce be carried to a particular Viscus, yet the Kidneys give an Exception, chiefly if the astringent be of the Saline kind, and therefore particularly directed to the Kidneys - Hence Astringents may Cure this disease - Thus Alum Whey and Vitriolic waters have been much employed, as you may see in the Prescriptions of Dr Dover and Dr Mead, and in the dispensatory -

These Remedies may probably answer often the purpose, but often also they may be doubtful. Alum is the most powerful astringent, except the Metallic. When the disease is in Consequence of atonia of the system, there may be some doubt concerning this method, as preventing the Evacuation - If it be from Laxity of the Skin, we may employ astringents, but take Care to make a determination to the Surface - This is done by warm bathing, and Gestation, but most of all by going to warm Climates - I would in every Case take the advantage, and begin the Cure by endeavouring the determination to the surface - In Case of Hemorrhagy, I said astringents cannot be relied on beyond the primo vig.

Gen.

Gen. LVIII. Hysteria.

Char: "Ventris murmura; sensus globi in abdomine "se volantis, ad ventriculum et fauces ascendentis, "ibique strangulantis; sopor; convulsiones; urinæ lim "-pidæ copia profusa; animus, nec sponte, varius et "mutabilis."

A Genus very difficult, but these difficulties occur only with regard to the Theory, which I'll save you as much as I can; but there are other difficulties with respect to its Nosology and Pathology - Therefore as the Historia Morbi is the matter of fact on which every thing else rests; as in authors it is embarrassed by superfluous Combination - I'll begin with it. -

The Hysteria is expressed by a series of Phenomina, the chief of which are delivered in the Character.

Ventris murmura, a feeling of some swelling or intumescence, beginning commonly on the left side, at the place of the great flexure of the Colon, which is presently set on motion, making various undetermined convolutions through the Intestines; then rising to the stomach, and from thence to the Throat, where it is felt as a ball behind the Larynx; it stopping, gives difficult breathing: But before this it has commonly brought in some degree of stupor, Insensibility, and

Dilig.

Deliquium animi, under which the Patient continues sometime insensible -

Sensus Globi &c, so far we proceed - These are the essential and Characteristic Circumstances, but varies sometimes with a few others - The motions in the lower belly are often more obscure, till the ball is felt in the throat - The Strangulation is the most characteristic symptom - But very commonly it has several other Circumstances - On the Stomach, it excites vomiting - It often affects the Thorax with an asthmatic fit, which sticks sometime there - It often brings on palpitation of the heart, more or less convulsive; sometimes Tetanus, Opisthotonus, Epilepsy, and particularly a violent beating of the breast with the right hand; also Spasmodic affections of the viscera, and thus the Diabetes - The Intestines are left under a strong spasm, and the Sphincter Ani under the most violent spasm, so that it is impossible to introduce a pipe. (and as Mr Solivet used to say, ~~quand il avait bien peur du Manvait, pardieu, bouche le trou du cul avec de bouse, en mettant le petit bout de son petit doigt~~) at the same time the Urethra is often open -

The mind is also affected, the Patient laughs and cries suddenly, and sometimes alternately, without any transition - Coma, Stupor, and Insensibility, but often false Imagination and Delirium - Sometimes one

one fit only occurs; at other times the relief is only temporary, and the fit is frequently renewed -

We come now to the Circumstances preceding the fit, Viz. the Remote Causes.

1. Every Passion, more sudden, or considerable motion of the Mind.
2. Disagreeable Sensations, particularly Smells.
3. Ingesta disagreeable to the stomach.
4. Any unusual or sudden fatigue, such as a little violence in dancing.
5. These Circumstances are chiefly powerful in bringing on the fit, if the person be exposed to heat, as in a hot Chamber, or in Sun-shine, &c, which is very analogous to what occurs in Epilepsy -

This disease chiefly affects the female Sex, rarely the male; but I have seen a very exact resemblance of it in men of an effeminate Constitution - It occurs from the age of Puberty to that of thirty five, and more rarely before or after - I know a Girl of ten years old who has hysteric fits, and Chorea Sancti Viti - Women more advanced in life have it rarely - It affects Plethoric, Sanguine, and robust women, and is in them exquisite and Violent -

It is more liable to occur at the time of Menstruation, at which period they are more sensible to

to the Remote Causes. another peculiarity, which I wish I could omit, is, that Women liable to Nympho-mania are particularly liable to Hysteria, and in them it is no other than a fit of Salacity. It has always been understood that it is attended with moisture in the Vagina, which shews that they are under a venereal Orgasm at the time of the fit, and often this is artificial. See Savauges Hysteria Libidinosa, which is more frequent than he imagines. See Astruc, when speaking of the Cure of Hysteria and describing the Paroxysm, he says: "a la fin de presque toute attaque "il coule de la matrice une humeur mucqueuse tantôt "grise tantôt blanche, tantôt sanguine, & again c'est "l'usage ordinaire de mettre dans le vagin du muse "ou de la civette pour procurer l'ecoulement dont "la matrice est abreuvée; mais la religion ne permit "pas d. exciter des pollutions". Observe however that though our Women do not excite any. The French Women are not so nice. "Il est vrai qui les femmes "~~au~~ en pris des malades ~~epargnent au~~ épargnent au medecin la peine "de les de fendre car c'est par la qu'elles commencent "& ce que elles répétent ~~plus souvent~~ plusieurs fois malgré le me-"-decin" The Women of France know their own constitutions much better than any Doctor of us all, and Astruc says they will — notwithstanding all he could say to them. This could not be passed over. But we must take it as Philosophers. It affects all Women, but

but among the married, chiefly those that are barren. so far for the history of this Disease –

All that is a concurrency of Symptoms with which every Practitioner is well acquainted – Why, then, would so many Practitioners join this, other different diseases, under the general title of Nervous Diseases? There is nothing more common than to say, that Hypochondriasis is for Males what Hysteria is for females! Dr Sydenham himself speaks so, but has very well described the proper Hysteria – This distinction will at length force itself in our Nosology – Vogel has characterized neither one disease, nor the other – If his Character means any thing, it is rather Hypochondriasis, and does not at all belong to Hysteria! Hypochondriasis, anxietas, praecordialis, &c Hysteria, eadem in Mulieribus – Savages and Linnaeus have distinguished the two diseases, but neither of them has properly characterized Hypochondriasis; yet they have kept them distinct – If any doubt concerning this still remains, observe that a false tone of the Mind, dejection, timidity, and dyspepsia are frequently combined with both these diseases, but differ in the Age they attack. Hysteria is very rare in the male – Hypochondriasis is more frequent in the female, but not so rare in men. The exquisite Hysteria occurs only in Robust Sanguine Women – Hypochondriasis occurs only in Melancholy temperaments – Hypochondriasis may appear very early, but much

much more seldom than in the decline of Life. It is the contrary with Hysteria, which may appear before Puberty, but from 15. to 25. is the common period, so that five often cases appear then, and the rest chiefly between 25. and 35. - Dyspepsia ocurs sometimes in Hysteria, but not always, and never permanently; whereas it is inseparable from Hypochondriasis.

These two diseases then must be totally distinct. Hypochondriasis is sometimes attended with Convulsions in the Intestinal canal, and on the other hand, Hysteria induces Hypochondriacal affections on the Stomach; but this does not unite the two diseases - In purple you cannot distinguish blue from red, but blue and red are very distinct colours -

The general name of Nervous disease is improper, because it leads to no general Cure - From what has been said there is no doubt, but the chief circumstance of Hysteria is the convulsive motion of the alimentary Canal, commonly and entirely depending on the Plethoric mobility -

To say how the state of the Uterus communicates Plethora in the alimentary canal, to say also how the Genitals are connected with it, I do not pretend - It is enough that these facts are established, as being

being, I hope, a proper foundation for our method of Cure - Every where you'll see the analogy of this disease with Epilepsy, with which it is frequently more combined - as Epilepsy depends chiefly on a plethoric Mobility (but also on a delicate Mobility without plethora), so the Hysteria chiefly affects plethoric, robust and sanguine Women; but not always. In those Cases of debility without Plethora, the System is more readily affected, but not so violently - The mind is affected with Pusillanimity, and the Stomach with Dyspepsia - Hence it is often doubtful whether the Dyspepsia is Hysteric or Idiopathic - This distinction cannot be done, except by the knowledge of all the preceding and concurring circumstances - The Dyspepsia Chlorotica and Catamenialis may give us some doubt, but do not hinder steadily to distinguish the two diseases -

Cure. This rests on three Indications, the same as Dyspepsia.

1. To avoid prodisponent Causes.
2. To remove the Plethora.
3. To remove the Debility.

With regard to our Practice during the time of Paroxysms, we commonly find bleeding relieves it. In persons manifestly plethoric, and in the first

attack

attack of the disease, as in Asthma, bleeding may be proper and even necessary; but in weak persons, when the Paroxysms have been frequently repeated, bleeding is useless and pernicious. There are cases of Hysteria in which it is very proper to open the belly, because of the constriction of the Sphincter Ani; but not so much as in Asthma. With regard to the rest of the Practice, it is to remove the Stupor by Stimulants, and the Spasm by Fetids. But these are ambiguous—

1. Because generally they have little power.
2. Because they are frequently hurtful.

The same Fetids that bring on the fit will often remove it. If they act as Sedatives, they moderate the Excitement during the fit; but they may bring it on, when absent, by reaction.

During the Interval, Occasional Causes must be avoided, which is very difficult. If the fit is brought on by Venery (as you may judge of after what I have said), if by full living, late watching, you will find it difficult to make the Fair Sex comply with your Injunctions. If it be owing to a want (desire) of Children in Maids or married Women; this we cannot help.

From Dyspepsia being sometimes combined with Hysteria, it is common to enjoin animal Diet to Hysteric persons, and to avoid Vegetables, mild and cooling

Diet

Diet. This is a mistake. There is no conquering the Plethoric mobility, which keeps up the disease, but by bleeding and spare diet properly employed. When the Plethora is manifest, this is doubtless; but even when the Plethora is not manifest, every occasion of fulness brings on the Disease, and is to be avoided by low diet.

The Cure of Hysteria during the Paroxysms turns nearly on the same Principles, which, in asthma, direct us to think bleeding necessary, and allowable in Cases of Plethora, and in the first attack of the disease; but useless and hurtful in a more advanced Stage, and in Cases of pure mobility. Glisters, as in asthma, may also be useful. On account of the stupor of the brain, we here employ stronger stimuli than in asthma. Certain antispasmodic Foods are also employed, and are less ambiguous in Hysteria than in asthma. We commonly employ Odours in asthma; yet there is danger in them; but not so much in Hysteria, unless this disease is combined, as it sometimes is, with asthma.

With regard to the Intervals, the same method of Cure is to be employed as in Epilepsy.

1. To avoid Occasional Causes. With regard to which I have mentioned the difficulties occurring.

2. To take off the Plethora, by Bleeding and abstinence.

The

The management of which I need not repeat - Yet sometimes the Combination of hysteria with Dyspepsia, makes the stomach unfit to bear Vegetable food - But very generally a spare diet is necessary, even in Cases of pure Mobility, to avoid occasional fullness.

2. To remove the Mobility, rather by fresh air and exercise than by medicines - But if necessary we employ Antispasmodics and Tonics - But the habitual use of antispasmodics renders them useless; and they are proper only near the fits - As to Tonics, the sudden application of them in plethoric Cases, is dangerous, and the too long use of them is dangerous also - They are useful chiefly in Cases periodical or nearly so - But Metallic Tonics may be better than Vegetable ones - Tin, so much boasted, I have not tried, being afraid of its poison - Copper is sometimes successful in Epilepsy, but never steadily in Hysteria - This is enough of the Cure of Hysteria.

Gen. LIX. Hydrophobia.

Char. "Potionis cujuslibet, ut convulsionem pharyngis dolentem excitet, fastidium et horror; plerique a morsu animalis rabidi".

A curious subject, but too difficult for me

et quæ

Desperat tractata nitescere posse relinquit. as says the Poet – We could wish to investigate this disease – I have never had any opportunity that will enable me to make practical observations – Yet I am confident the character I have given of it is not satisfactory – I wish the affection of the Pharynx was better ascertained by dissections than it is –

Ord. IV. Vesaniæ.

Nothing is more necessary than a minute Criticism in Nosology – Every Nosologist has formed a Class of these, but differently – Sauvages in his Class of Vesaniæ comprehends the Hallucinationes, which being ab organorum externorum vitio, are morbi Locales – He has made another Order of the Morositates, most of which do not touch the Intellectual Faculties – It is his Order of Delira only, properly characterized Errores mentis judicandis that we mean to comprehend here. The Class of Mentales in Linnæus is ~~nearly~~ the same with the Vesaniæ of Sauvages, and his Orders of Imaginatorii and Pathetici are equally faulty,

by

by confounding affections of the Senses and will with those of the Intellectual faculties - It is only that of the Idiales which agrees with ours - Vogel's Paranoia is more exact, and agrees well with us in referring other Genera of Sauvages and Linnaeus to other Classes - Thus our Order is limited, but I am not pleased with the Character " Mentis functiones laesa "sine pyrexia vel comate!" - Mens is an ambiguous Term, but we mean to confine it to Intellectual faculties alone - In confining our Order thus, we agree with other Nosologists, by separating it from Diseases attended with Coma and Stupor - The Delirium of Palsy is merely Symptomatic, and not comprehended here; but Authors have confounded the Symptomatic and Idiopathic Vesania in other respects, and not only sine Comate, but sine pyrexia was necessary to exclude the Febrile Delirium.

You would perhaps expect I should explain what I mean by Laesa Functiones, or Insania; but these Terms require too much discussion, being too nice and Metaphysical, and are to be referred to Pathology - Gaubius is very good on this subject - Deliravi dicitur &c. Can to confine myself to

Ex

Errores Mentis Judicantis (but delirium is a case of false imagination, from internal causes; which makes an exception, and does not enter into our Order) - Madness and Delirium comprehend also emotions and Passions unsuited to their Causes, and thus seem to run into the Merositales of Savauges and the Pathetici of Linnaeus; but it is only in consequence of disordered judgement. This may shew you how nice the distinctions are to be made here. In short we mean, with Gaubius, to speak of Mens a commune sensu aberrans -

As for the Genera, they are divided

1. As affections in a state of waking, and
2. In a state of Sleeping

The first are distinguished again into Amentia, on one hand, from Imbecility; and Mania and Melancholia, on the other, from disordered judgement. Sometimes it may be difficult to say that Fatuity does not depend on a want of Memory.

C. IX. Amentia.* Savauges has not well characterized this; and I mean it should comprehend also the Amnesia of Savauges and the Morosis of Linnaeus. It is difficult to determine whether amentia does not depend entirely on defect of Memory. We trust to your

*. "Mentis functionum imbecilitas"

your Judgement for the Character - But we would be anxious to know the Internal state of the Brain in this disease. From its so frequent occurring with palsy and cases of Serous Effusions, it is not without reason that we suppose Amentia often to depend on compression - But the Brain the Brain has frequently been found soft and flaccid - Hence it attends the Hydrocephalus - This is confirmed by the Idiotism of Children, which makes it probable that the flaccidity makes the medullary fibres of the Nerves unable to perform well their functions - But, on the other hand, the Fatuitas Senelis depends on dryness and rigidity of the fibres, which is confirmed by dissections - This shews how the state of the mind may depend on the Mechanic state of the Brain, and a sound Judgement be connected with a certain medium between flaccidity and rigidity, humidity and dryness - But humidity is more commonly the cause of Fatuity - There was a Case of Fatuitas Infantilis, of which the Patient recovered by a new Education, as if he had been a Child: This was in consequence of a Fever - What this depended upon I do not know -

The Theory of Amentia may interest the Physic of the Brain, but not our Practice; for it is incurable.

Gen.

Gen. LXII. Mania.

Char. "Insania universalis.

This comprehends Melancholia, and these two genera are more the subject of our Practice - Furor has been the general Character of this disease - see Linnaeus and Savauges. But this is the case only of the Mania furabunda, and not of the Mania Tranquilla. These two have been treated by authors as different genera; but they are rather different species of the same Genus - I have seen an hundred Instances of Mania where the Furor was sometimes present and sometimes absent; which renders our Character more proper - But you must understand this as nearly universal - There is no proper limit between Mania and Melancholia -

As for the Theory, you may here Nihilo plus agas quam si det operam ut cum ratione insanias; but every attempt to it is allowable - For precision's sake, I suppose it understood,

1. That there are two State in the Brain, Excitement and Collapse.

2. From the different states of sleeping and waking, it is plain that the brain can be in a state of Exc-

cite

Excitement and Collapse at the same as well as at different Times.

3. The Delirium before and after sleep, shews that a right Judgement depends on equality of Excitement and Collapse - The Delirium before sleep is explained by the state of Collapse which comes to trouble Ideas of the Brain - a partial Excitement will have the same effect - The force and Velocity of our Ideas determine the Justness of them - Every hurrying Cause troubles them, and induces Mania, sometimes very permanent, from passions and violent emotions - Hence a violent Excitement may certainly be the chief Cause of Mania. When we see the Impetus of the blood in Phrenitis and fever, so readily occasioning Delirium, we must ascribe this to sheer and Excitement, though in fevers there be also a mixture of Collapse - But what proves best the excess of Excitement in Mania, is the enormous force and vigor of the Patients - A girl, delicate and weak before, comes now, by this disease, to such a degree of vigour as to break chains of Iron - Maniacs resist powers inducing Sleep - If we consider sleep as the effect of Collapse, or less Excitement, we see the application of this. Again, they have a considerable power of resisting the effects of Cold - Cold always operates at first as a Sedative, inducing Collapse - Hence also Maniacs resist impressions, in Consequence of that Force of their system, which is so remarkable. They resist also

Se

Sedatives and Opium in the same manner. If there be constantly a correspondent state of the body to that of the Mind, we may understand how a violent Excitement induces that force of the system; as is exemplified in Anger.

From all this it appears that the Mania Furabunda depends on excess of Excitement. The Mania Tranquilla may depend, on the other hand, on Causes of Collapse. What are the Causes of these two states, I do not say; but some are evident, as the affections of the brain, tumors, Scirrhi, chiefly Inflamation, and partial Irritation. These are proved by Dissections, but not discovered by external Symptoms, and are out of our reach. But there are also Causes of transitory as well as of permanent Mania.

I do not choose to go far on the Theory of Mania, but I hold it necessary to go a certain length. Accordingly I have, from reasonable considerations, said, that in the Mania Furibunda there is a violent Excitement: In Amentia a considerable Collapse. In most Cases these two states are probably mixt. What induces these states is not always evident, but sometimes, on dissection, Mechanic or Organic affections of the brain are found; but are not apparent by external Symptoms, and would be, if discovered, Incurable. But happily all Cases are not of this kind.

There

There are many Cases of transitory Mania, in which such Mechanic or organic affections of the brain are improbable, and even in long permanent in which nothing of the kind is discoverable by Dissection. The Method of Cure gives us the same conclusions, viz, that there are Cases of Mania without evident Mechanic or Organical affections. But since it is probable that every State of the Mind has a correspondent state of the Body, what is then the nature of that Corporeal affection in Maniacs? Or in others words, what is the state of the brain in them? - See Boer. Aph. 1121. Cerebrum siccum durum &c - Morgagni, a later Dissector, is of the same Opinion, that universally the brain of Maniacs is more firm and dry. Dr Meichle of Berlin, after many Experiments, has constantly found that the brain of Maniacs was of a greater specific gravity - Between the extremes of dryness and flaccidity, there are many intermediate degrees, the highest of which may give mania.

The Remote Causes of Mania are

1. Violent and sudden Emotions and Passions - He was frighted out of his Wits, is a common Expression - Anger and Joy have been changed into permanent mania - How these violent Passions and emotions operate in inducing different diseases, is not my business to Explain.

2. Permanent Passions, such as grief, sadness, ambition, Disappointment of keen desire, Erotomania, &c —

3.

3. All intense study or application of the Mind in one train only, chiefly for some time - I know a Gentleman who applied himself for six hours to sum up the accounts of a great and rich Company, where the matter was nice and accuracy necessary; which entirely deprived him from for 72 hours - I say he was bordering upon Mania - It has been commonly alledged that the study of the Scriptures is apt to make people mad, and though this is not frequent, yet it sometimes happens, as in the study of the Revelations - The same has been said of the search for the Philosophers Stone - It is said that the first either finds them mad, or makes them so - I believe it is the former, and that none but mad people, or those inclined that way, engage in that Study - This will also apply to the last - These are the Causes operating on the mind -

Among those acting on the body, POISONS are remarkable - Most Vegetable Poisons are Narcotic, Intoxicating, and Infatuating, such as Opium, by which we produce a temporary Mania - If given in greater quantity the Delirium is more permanent - Or it may be brought on by frequent Intoxications, which should therefore be avoided -

Other Causes acting on the Body, as Fever &c. are not quite clear - It has been imputed to determination to the brain, in consequence of suppressed Evacuations or Pustles -

Lastly

Lastly. A Turgescence of the genitals in Both Sexes is certainly a frequent Cause of Mania - How these Causes are fit to induce Excitement or Collapse, or both, in an unusual degree, is difficult and unnecessary to say - If you prosecute this subject too little, you are Amentes: If too keenly and confident, you are Maniacs -

As for the Application, in the Title of Preachers, There is the Mania Furabunda, depending on Excess of Excitement; and Mania Tranquilla, depending on excess of Collapse - The former, or Mania Communis of Sydenham, Experience has taught us, according to our Theory, is cured by all means Opening the Excitement and determination to the Brain - Abstinence to a considerable degree is universally proper - There is nothing more remarkable than the Power which Maniacs have of bearing Abstinence - The Stahlians might take this for a Direction of Nature - The Least Nutrition, Dilution, or even water alone, will alone often be sufficient.

2. Bloodletting. It is difficult to determine to what Cases this ought to be Limitted - In the Mania furabunda, when there is no other fever than from the agitation of the body, and the Pulse so far from being

frequent

frequent, is rather slow, but full and strong, and Indicating Plethora. In such a Case, Bleeding is certainly necessary; and even in a melancholic Temperament is often proper. A Deliquium Animi, brought on in that way, has often been found useful; but is difficult to practice, because many Maniacs will bear a greater Evacuation than others. I would always stop within two pounds, and even less in particular Circumstances.

3. Purging is very necessary. For this purpose the antients used Ellebore. But by employing the most acrid Purgatives, it is thought the antients did not do so well as the Moderns, by gentle Purgatives. Cremor Tartari has been said to cure with Time Mania and Melancholia. I have sometimes seen it employed; but unfortunately with little benefit. We may push the Evacuation too far. Cooling Laxatives appear to me the safest, and we can always substitute the more acrid, if necessary.

4. The application of Cold. There are instances of Maniacs being Cured by wearing a bonnet full of Snow, and by breaking from their keepers, and straying in the cold field; or, as was the Practice of the antients, by pouring cold water on the head. But the Moderns have universally adopted Cold Bathing. Van Helmont speaks very highly of it, and relates that a Maniac was cured by Half-drowning. See also Boerhaavi Praecipitatio in Mare. He let them remain under so long that sometimes they were

re

recovered with difficulty; quamdiu fere potest: requires some judgement to determine how long a man can be under water, and yet recovered. It is not Cold bathing alone, but also hay Drowning that contributes to the Cure. But this is a matter of nice consideration, and fit to be practised only upon Witches. There are Maniacs who have been Cured by staying long in the water, for Example eight hours. and this is founded on better authorities than that of Mr Pomme. It is perhaps only to that length that it can be a remedy. As for the submersion, it is agreed that it might be continued to a considera-ble Loss of the Senses. You will perceive how Cold Operates here, from what I said of their being almost insensible to Cold; and from the Utility of Interrupt-ing the Train of thought.

5. Narcotics. If the disease be high, we must employ powerful Sedatives, as Opium; but it is hurtful in Phrenitis, and it is better to omit it in Plethora and habitual Turgescence of the vessels. At the end of Wepfer's historia apoplexia you have a Cure of Mania by Opium, repeated and increased by degrees, sometimes to the dose of fifteen grains, given, as I understand it, in Sydenham's way, by waiting the Issue of the first dose, &c, to induce Sleep, &c: and when there is no Plethora, and no unusual vigor; when copious Evacuations have relaxed the body, I believe that Opium is constantly to be employed, and that it is useful.

Besides

Besides Anodynes, other antispasmodics have been tried - A Physician of this place says, in the Phylosophical Transactions, that he has cured Mania by giving Camph. ad ℥ss for many hours together - It may be so, but I have tried it without effect - In a great dose it induces Mania. In a small dose, however it may be useful, as according to the Experiments of Bologna, it has been found to induce sleep in different animals - Van Swieten and others give Instances of Moschs having been useful; and I have a better opinion of it, if we had it better prepared -

To these Remedies I join FEAR, which in Maniacs, in spite of their audacity, is practicable - We must impress an over awe on them, by Cords and Chastisement - But barbarous people have gone so far in this - Morgagni tells us of a Maniac killed by his Tutor - Humanity should restrain these cruelties, but I am convinced that fear is always a useful and proper Remedy - These Remedies, when judiciously employed, are the properest for Mania Furabunda, and when they fail I always suspect some topical affection of the Brain, which is incurable.

The Mania Tranquilla is of more difficult Explanation. This seems to depend on an excess of Collapse with partial Excitement - But it is difficult to distinguish this from the other, unless it be by symptoms of

Amen

Amentia, Forgetfullness, Illness, &c. That there are such Cases is doubtless. Sydenham speaks of a Mania following Intermittent fevers which are treated by Evacuants. He indulges here, as is often the Case, his Theory, and says that the Mania furabunda arises a Sanguinis Repletione, and the Mania Tranquilla a Sanguinis Rapiditate, terms certainly more difficult to be understood than those of Excitement and Collapse. Take the Mania a Rapiditate to be a case of Collapse, because it changes to Stultitia by Purgatives and Evacuants, and is cured by Tonics and Stimulis. Amentia Congenita I have met with more frequently than the Amentia Occasionalis; but were I to meet this again, I would employ Tonics and Stimuli, as Sydenham did. He Prescribed ea quæ Cerebrum et Spiritus Animales corroborant, and he ordered an Electuary compound of a little Opium, with many stimulant Medicines. Explain this as you will. It seems to me to suppose an unequality of Excitement and Collapse. There was a Gentleman who was reputed for his success in curing Maniacs. He had the management of a large farm, where he forced the Maniacs into all sorts of Bodily Labour; and though he pretended to employ Medicines, yet, as he acknowledged to a Physician, he had no dependance on them. Thus his Patients were induced to sleep, and were gradually cured. But often this is impracticable, and it is not easy to find Maniacs as tractable as Horses. To tame them

to

to that point, Fear and Evacuations must be previously employed - It is easy to see that the restitution of the proper Tenor of the mind may have the greatest effect -

Another distinction to be made in Maniacs arises from that between the Sanguine and Melancholic Temperaments, Constitution which are very different - This last requiring perhaps a particular management - But in this I have little Experience -

Bloodletting is by no means so proper in the Melancholic Temperament, but in the Sanguine, where we know how frequently this disease is combined with Epilepsy and Hysteria, Bloodletting is the most efficacious remedy; only the Evacuation must vary according to Circumstances - A general Evacuation, and as a means of revulsion, Purging may be useful in the Sanguine Temperaments - Tho' Circumstances do not take place in the Melancholic, but Purging is necessary there; for the Abdominal Congestions - Therefore Purging is universally proper - I forgot to tell you that the Swiss Physicians of Wepfer, who cured a Patient by Opium, employed also Purgatives, Viz, every day eight doses of Jallap and Scamony, besides several Vomits - Purging in Mania is the best Remedy, and

and most proper to be combined with Opium - Cold is also useful, but it may do hurt, by encreasing the rigidity and Plethora -
Volti con reflessione -

After having given you the Theory of Mania in general, observing only the differences that must arise from difference in degree, I will go to observe those arising from difference of Temperament - Mania occurs chiefly in two kinds of people, the Sanguine and Melancholic - But oftener in the pure melancholic than the pure sanguine - I have already told you how this distinction will affect the use of Bloodletting and Purging - I was enquiring into the differences it induces in the use of cold - Cold seems universally useful in Plethoric Cases of Turgescency of the Blood - Even in the Melancholic Temperament it also seems useful; but taking the thing farther, it encreases the dryness and Rigidity of People of this Temperament; and thus may be hurtful to them. We have a proof of that in the contrary remedies that have been employed - In maniacs of a Sanguine and Plethoric Constitution, I should think the warm bath or external heat improper, but very useful in Melancholic Temperaments - Celsus does not mention it, but Aretaeus, Cælius Aurelianus, &c. among the antients, and Hoffman among the Moderns, recommend it - Modern Writers never say how it operates, but they recommend it in

gene

general for Melancholia and Mania – I should think it better suited to the calm states of the disease, than to higher fits – as for anodynes, from what we have said, it will appear that Opium is dangerous in plethoric habits – Less caution is necessary for the Melancholic Temperament in this respect; but how far it may be useful there I cannot say. I go on to our next genus of Vesania.

Gen. LXI. Melancholia.

Char. "Insania partialis."

This is but a part of Mania, and at bottom is to be considered as the same disease, only in a more partial degree. However, as it is useful and necessary to seek for circumstances of distinction in the history of diseases, observe that every partial Insania may and frequently does become universal; but many universal Insania have not appeared Partial – all Mania arising suddenly are such as occur in Sanguine Temperaments – In Melancholic Temperaments they are preceded commonly by a partial Insania – In confirmation of this, Boerhaave, who considered the Melancholia as depending on atra Bilis, or the Melancholic Temperament, treats of Mania as a Melancholia becoming universal by Insania; but thus he mixed many states of Mania – There is a state of Dejection occurring in

IX.

in the Melancholic Temperament, connected with Dyspep-sia, which though it may be called Insania Partialis, is to be referred to Dyspepsia or rather Hypochondriasis - In such cases the insania may be partial or universal, but it is to be considered as symptomatic of the disease that produces the dyspepsia - Therefore I dont mean to comprehend this in Melancholia, which I confine to the Melancholic Temperament, as it has always been under-stood by all Physicians - Now, with these distinctions, our Plan is,

1. To enquire into the general Causes.
2. Whether the chief affection be in the blood and fluids, or in the Nervous System?

After the consideration of Symptoms, nothing less than the authority of Boerhaave could start this question - But it will be sufficient to discuss one article only of his Theory upon this subject - See the Aph. 1094. There, after giving some Idea of what he calls atrabilis, he says, in speaking of its effects, " Color externus, internusque primo "pallidior, flavior, magis fuscus, livescens, niger, cum mane "-lis similibus pulsus tardior, frigus magis, respiratio lenta, "circulatio per sanguinea vasa bona per lateralia parcior, "minus bona, hinc humorum secretoriorum et excretorio "-rum omnium minor, tardior, crassior, excitus; minor "Consumptio; parcior appetitus; Macies, Mestitia, solitu-

-dinis

"solitudinis amor, affectus animi quicunq; pertinacis magnq
"in reliquis ἀδιαφορία torpor ad motus; summa tamen simul
"studii cujusq; et laborum constantia." Observe that Boerhaave
marks all these as effects of atrabilis prevailing in the blood;
yet all this is nothing more than the description of a parti-
-cular Temperament, very universally hereditary, congenial,
and discovering itself early in Life, by crisped, curled, black
hair, pale and sallow complexion, lean habit, large veins,
strong, vigorous, dry, and robust fibre, small arteries, and eve-
-ry proof of a venous ballance — As for the Mind, slow to
passions and Emotions, but when excited pertinacis et magni
affectus; particular steady application to one subject. Hence
it has always produced Excellent Mechanics and Learned Men —
This Temperament subsists independant of external causes,
and is one of the most steady temperaments among men —
There is indeed some degree of Fear, dejection, &c produced
by the causes mentioned by Boerhaave; but these causes
do not induce the Melancholic Temperament. They do not
bring on the steady application, the black hair and Eyes, &c.
Whether Temperaments do depend on the state of the blood,
or on the state of the moving powers, is therefore the ques
-tion? Whether this is to be referred to the original stam
-ina, and what these are, &c. Judge yourselves — Boerhaave,
as being Melancholic himself, has carried this favourite
Hypothesis to a great excess. There is indeed a particular
state of the blood in Melancholic persons, but it is not the
cause,

Cause, it is the effect of the Temperament; and this is the Cause of the disease just now under our Eye - Consider that its Causes are effectual, only when acting on the general Predisposition, arising from that Temperament - When we are come so far, we may dispense with the Theory which might come here, as admitting of no application - Melancholia is often combined with Hypochondriasis; but I have spoken of this, and am to confine myself to Melancholic affections of the Mind alone -

The Method of Cure turns

1. On avoiding Occasional Causes, and especially the confinement to a particular Train of Ideas - But there is a nicety particularly necessary here; for Melancholic people, when taken too suddenly to a more varied Scene, are liable to become Maniac - Thus Van Swieten relates that a Carpenter, who was very wise in his Shop, was very foolish and entirely Maniac when taken out of it - I have often found the same; and it is more safe in such cases to let the Patients continue in their usual Train - But it is an exception only to a general Rule.

2. Obviating the effects of the Melancholic Temperament, particularly torpid Perspiration; which is to be done chiefly by warm bathing - From the Testimony of the Antients and of Hoffman, I am sure that in the Melancholic

Tem

Temperament this is particularly useful - The Tone of the mind depends much on the Tenor of the system, and on the state of the Perspiration - Hence travelling (in joining to this the first Indication) is the chief Remedy

Another Observation is, that Costiveness occurs much in the Melancholic Temperament, and all examples of prodigious Costiveness have occurred in that - Hence Purging is necessary - I have said that in the Mania Sanguinea, acrid Purgatives were perhaps preferable; but in the Mania Melancholia I think, with Mr Mazzle, that the use of Cremor Tartari is very proper - In Melancholia the system of the Vena Portarum is particularly slow; and therefore Purging is very necessary to keep the body open.

Gen. LXIII. Somnium.

Char. "In somno imaginatio vehementior vel molesta."

I believe my wife would think I was dreaming, if she knew that I was Lecturing on this as a disease; for she has dreamed every night for forty years, and no bad consequence followed it - Philosophers themselves think dreaming is a wandering of the Soul, about fancies, sometimes very ridiculous - Others think it is a conversation with other Spirits - These opinions are themselves diseases, which we need not take notice of - I am persuaded that the mind and the body, though distinct substances, are very much connected;

and

and that dreaming can arise only in Consequence of an Irregularity in our System - I may refer you to Hallers opinion on this subject, and I might strictly consider it as a disease, at least every Systematic has taken it as such in its highest degree of Somnambulism be. Yet at the same time I find no limits between the Somnambulism and the slightest dream - yet the Character will better apply to Synonyms - If I had come sooner to this part of the Course, I would have given you some Metaphysical Observations and consideration of Gall very curious on this subject; but as I have hitherto kept free from abstract Ideas, my theory about Dreams is not necessary here - Dreaming is not an object of Practice, and is never well Cured, unless it be Symptomatic, which directs us to attend to the primary disease, Plethora, or Topical irritating affections, or other Circumstances of the Constitution - This ends the Neuroses.

Cl. III. Cachexiæ.

Char. "Totius vel magnæ partis corporis habitus depravatus, "sine pyrexia primaria vel neurosi."

The meaning as expressed, is sufficiently obvious - This, as a Class, is far from being correct - I could neither avoid it, nor make it to my mind - The three heads of human Oeconomy are in Physiology, the Vital, the Animal, and the Natural Functions - The first Class, Pyrexia, comprehends chiefly the Vital affections; the Neuroses, those of the Animal;

and

and the other Class, viz, the Cachexiæ, should compre-hend the affections of the Natural Functions; but as a Class it does not comprehend them all, since many are among the Neuroses. I thought also that the division of our system into Hydraulic, Nervous, and Chemical, could influence our Classification; and in some measure it has. But in none of these respects can we make our distribution equally corres-pond to the Physiological distinction. Pyrexiæ and Neuroses are natural Classes. Cachexiæ are much more artificial; and this also extends in some measure to the Genera:— but it is impossible to avoid this. I hope I have done better than other Systematics; but I leave you to com-pare.

Cachexiæ may in general be considered as affections of the external habit. These must consist either in the dif-ferent size, or different condition of the surface. It is true that change of figure, or the Deformitates of Vogel, should be comprehended here; but they are rare diseases at all, or they are local diseases. Sauvages has made five Orders of them; but the Intumescentiæ and Tabera, Impetigines and Discolores, may easily be united, as we have done, with Linnæus. The Term of Discolores or Impe-tigines was arbitrary. We have a great difficulty to distin-guish Idiopathic from Symptomatic diseases; and we have perhaps introduced Symptomatic genera; but it was unavoid-able. Another difficulty was to distinguish Local from general diseases. But to go on.

Ord.

Ord. 1. Marcores.

Char. "Corporis totius Macies."

The general Theory here is obvious, that all emaciations must be referred, either

1. To Loss of fluids. or
2. To the Loss of Solids -

The first gives us the following subdivision.

A. Deficiency of the Circulatory fluids.
B. Deficiency of the stagnant fluids in the cellular substance -

I am uncertain how much the Loss of Solids takes place. The existence of attrition, as a Cause of Macies, is doubtful; because our solids have so much fluid covering their surface, that the application of solid parts against each other, is rendered impossible by that exudation; and the facts adduced are by no means satisfactory. There is a curious case of Loss of solid substance to be taken notice of, Viz. Solution and washing out the matter of the Bones, which happend to a French Woman called Mad. Suppiault, described by Morgagni; and you'll find many other such instances in Dr Ludwig of Leipsic, in Haller's collection - These cases are difficultly understood - We can suppose in general an acrid matter, but how is it formed? Whence does it come? How is it applied to the Bones only? - These are unknown, and therefore we know no thing either of the Cause or Cure of this disease -

and

and as the Facts which establish it are so few, I have omitted it.

A Loss of fluids depends on a deficiency of Circulatory fluids, the deficiency of Stagnant fluids in the Cellular substance; which are very much connected with each other. With regard to them both, they are Symptoms of other affections; and therefore Marcores in general should not enter into our System; but this would have been too strong a contradiction to other Systems, and therefore we have admitted the two general that have the greatest pretensions to Idiopathism. As to Phthisis, the Tabes is Symptomatic.

Gen. LXIV. Tabes.

Char. Marcor; asthenia; pyrexia hectica."

I have taken the most common acceptation of the Term, viz. Macies cum pyrexia Hectica; but this was not enough — and to distinguish it from Phthisis, I should have added, with other Systematics "sine Tussi — I do not think it necessary to add as, Linnaeus does "Absque Expectoratione." It is still a question among Physicians, whether there be any such thing as an Idiopathic Hectic — I was before at some pains to shew, that out of 20 Species of hectic of Sauvages, 19 at least were evidently Symptomatic — The same will also appear in the several Species of Tabes as given by Sauvages. Tabes dorsalis we pass by — Tabes Rendalis, Tabes apostematodes, Tabes a Spermatorrhoea, Tabes hepatica, Mesenterica,

&c

les, a Vomica, are very plainly cases of internal Exulcera-tions - With regard to the remaining Species, I would not be rigirous in rejecting them, nor positive in this Con-clusion, that Probably all Tabes are Symptomatic - We may suppose that in Consequence of Causes of debility, and consequently of Emaciation, the natural Excretions of our Pulse may take the form of an hectic - I have been puzzled with cases which seemed to be of that kind, but in 19. of 20. there proved at last to have been from the beginning some internal Congestion - Tabes nutricum is a good symptom of health in the Nurse, and is attend-ed with a degree of hectic - Dr Morton, who had studied this Genus very well, alledges that the Tabes Nutricum is liable to change into Phthisis - Tabes Dorsalis. The debilitating effects of Venery, when excessive, are known, and are greater, perhaps, than those of any other Evacuation, owing, as I imagine, not to the quality of the fluid evacuated, but to the connexion of the genitals with the rest of the System - Whence I am persuaded the Tabes Dorsalis comes from Congestion of the Lungs, in consequence of previous debility & This leads to the Practice.

1. To avoid Occasional Causes, viz, Venery, and, what is per-haps more pernicious, Lasciviousness.
2. To restore the System by Exercise, free air, Cold Bathing, a nourising and gelatinous diet, but used with modera-tion and direction - This will apply to the Tabes Nutricum.

Fever

There is a Case of Tabes Mesenterica, which deserves attention – The only and tolerable account I can find of it, is to be met with in Punkers 42. Tab. De atrophia – He observes that the disease begins by Torpor, Languor, indolence, negligence of ordinary Pursuits, attended with quick emaciation, before it has proceeded to give other external Symptoms – There are Cases of this kind in which the appearances of Scrophula and the Tumid Abdomen discover early the disease; but there are other Cases where there are no other marks of it, but Mania and an irregular appetite approaching to Pica – It proceeds to flushings in the night, warmth in the Palms of the hands, sometimes some coldness is felt, but no thirst, no fever, no anxiety, &c – In most cases of Tabes without frequency of Pulse, this is chiefly to be suspected – What may be the Cause of it when the Scrophulous habit does not appear, I do not know – For though the most common Cases of it are Scrophulous, yet there are certain Cases in which there are no suspicions of Scrophula – The most remarkable instances I have met with, was a Case where the Remote Causes were considered to be an unusual quick growth of the body – The young man at the age of 14 was 5 feet 6 inches – He grew perhaps a foot in a year – Such growth in young people induces generally a swelling in the Inguinal Glands, called in French the Croissant – This may perhaps give a Symptom of the Tabes Mesenterica –

Cure. When the disease arises from Scrophula,

to

to Scrophula the Cure must be directed - When from quick growth, or something else unknown, we can do nothing, as it is impossible to prevent our growth much, or add an inch to our Stature by our solicitude - Putting them in Spirit of Wine, as is done with young puppies, would be dangerous - abstract of Alum will not do - If the disease could be forseen, much exercise and bodily Labor would do very well; but in an advanced stage, the debility is so great as not to admit of this.

Gen. LXV. Atrophia.

Char: "Marcor & asthenia sine pyrexia hectica!"

A Genus as symptomatic as that of Fabes - For the proof of this I appeal to the Species of Savauges. There is no actual limit between this and Fabes, with, as in Fabes Mesenterica, Atrophia begins the disease - From the Species of Savauges, there is nothing more evident than that most of them are from too great Evacuations. (This begins the disease, and changes into Fabes.) But there is a condition of your system disposing men to be fat or lean, and it is often impossible to say why, under similar management, one is lean and an other fat - It is not possible that the condition, by disposing to excess of leanness, should give the Idiopathic Atrophia - But it is difficult to distinguish it from topical affections, and therefore I cannot venture to Prescribe concerning the Cure, except (when it depends on the Cause which gives the Idiopathic disease) Exercise, fresh air, &c, by attending to the effects.

Ord.

Ord. II. Intumescentia.

Char. "Totum vel magna corporis pars extorsum tumens."

The Theory must here be the reverse of the former.

1. The encreasing of solid parts gives us our 4th Section Intumescentia Solida.
2. The encreasing of fluids gives three Sections, according to the fluids encreased.

You may perceive that Plethora may often depend on an accumulation of the Blood, independant of any other; but whether this be a disease, or a Predisposition, is uncertain: and as for the Cure, I have spoke of it.

Our Section of Adiposa has but one Genus.

Gen. LXVI. Polysarcia.

Char. "Corporis pinguedinosa intumescentia molesta."

Perhaps a particular Plethora - But I imagine this Case will scarcely produce a disease, unless the stagnating fluids are also much encreased - Whether this be a Disease or a simple predisposition, is also difficult to say - In Spain the degree of it sufficient to call it a disease, would much vary from what it should be in England - I have added Molesta, to determine something, but this will be difficult to distinguish, and a predisposition will scarce ever be the object of our Practice, because no body is exempt from some Predisposition, and few choose to take measures against it - Yet as the Polysarcia is very Molesta, and as no body is so much subject to diseases as very fat people, I imagine a Cure is to be attempted - To this View, some means have been

pro

proposed in England - The most effectual of which seem to change the state of the Blood to a saline state, and thus to interrupt its nutritive quality - Alkalies and acids have been employed - I have known persons who have taken much Vinegar with success, to prevent Corpulency; but whether this operated by vitiating the fluids, or the assimilatory Organs, is uncertain -

The use of alkalies is more clear - Dr Hufham remarks that they induce a scorbutic diathesis, and I have known them to induce emaciation - In short, to encrease the saline state of the blood answers the same purpose, either to cover the acid generated in the stomach with alkalies or absorbents, or to fill the system with acids - Soap acts as an absorbent, and as Dr Fleming has recommended it, I believe it may cure Polysarcia -

In treating of Polysarcia, I said it was uncertain whether it was a disease - But if it be only a predisposition, it is one of the most frequent Causes of a disease - The Causes I have omitted, because they are not morbid, but founded on the best state of health, and because it will be difficult to persuade people that Ease and good living are mischiefs to be avoided - However it may amount to a disease, as for the Remedies I have spoken of, those that answer the Indication to induce a saline state of the blood, as alkalies and absorbents will doubtless have the same effect -

As for Acids, I believe they often act principally by destroying the assimilatory powers - But if they are not employed to such a degree as to have that effect, they may properly be indulged, as for Example, a Vegetable Diet. But both these remedies are absolutely superfluous, and

more

worse that the disease itself - Spare diet and much bodily exer-cise will evidently be effectual; and if a man neglects them when at hand, he deserves to smother in his own grease.

But frequently Polysarcia goes so far as to render bodily Exercise very difficult; yet it is scarce impossible; if the Patient will gradually increase his efforts every day, by which he will become nimble and agile, and beat as much as he chooses - I knew a man who could not walk ten yards at first, but at length was able to walk thirty miles in a day - Walking Webb in England, who well understood this, is well known.

II. Flatulos. Intumescentia -

That there is a quantity of fixed air in every part of the body is well known - It may readily be rendered Elastic, and may be extricated sometimes by the Pneumatic Pump, or other such means, chiefly fermentation - When the air is extricated all along the cellular Texture of the skin, it gives

Gen. LXVII. Pneumatosis.

Char. "Corporis intumescentia tensa, elastica, sub manu cre-"-pitans."

This is not frequent from external Causes, yet I have sometimes seen it; but as I could not know its Cause, I could not proceed to a Cure: and it went off as it had come, without my perceiving why, or how - Evacuants have

been

been tried, but they could not touch the air - Punctures have been proposed, to establish a Communication; but they have not been tried - In the investigation of the Causes of this disease, it is probable that it may arise from some connex-ion of the Cellular texture with the Lungs - The most noted Case of Emphysema, is when the air is actually blown into the Cellular Texture, as in Thoracic wounds - But it may be more probably owing to internal Causes of fermentation. I suspect there is also a certain portion of air in every part of the Cellular texture, contained between its different Layers; for which I refer you to Mr Astruc, the most accurate Writer on this subject - This proves that there is a secretion of air, which may be applyed to many important and curious Phenomena - There is sometimes an exudation of an halitus under an elastic state, which may be confounded with Emphysema, but is much more transitory -

We have in this section the

Gen. LXIX. Physometra.

Char. "Tumor flavis, elasticus, in hypogastrio figuram et sedem "Uteri referens!"

On this I have nothing particular to say, as I do not unterstand it.

Gen. LXVIII. Tympanites.

Char. "Abdominis intumescentia tensa, elastica, sonora; alvus adstricta;

"cet.

"ceterarum partium macies; rejectio sursum vel deorsum aëre
"levamen."

This, in many respects, is better understood - We know that in the Intestines there is always some air inviscated, which, by stagnation, will gather, and gain strength by its Elasticity - This, in robust people, may arise from ferment-ing aliments, such as new Wine or Beer; but excepting a few Cases, the quality of the contents being given, the quantity of extricated air is in Ratio of the Debility of the fibres of the stomach - Air is included either in the cavity of the alimen-tary canal, or in the Cavity of the Abdomen - This last is, from Dissection, known to be the most uncommon case, though formerly the contrary was believed - Tympanites Abdominalis is of two kinds.

1. As accompanying the state of Ascites.
2. As arising from air escaped from the Intestines into the Abdomen, as in the Aëdopsophia of Savages, an escape of air from the Rectum into the Cavity of the Abdomen and Genitals.

There are many Instances of Erosion of the Intes-tines, so small as to admit air only, and transmitting it in pretty great quantity into the Abdomen - But this is unfrequent and incurable - The most common case of Tympanites is, when it is combined with Ascites, arising from a state of Atonia in the alimentary Canal - When Cured, it is by Tonics and Purgatives.

Tonics

Tonics are particularly proper for Children, and I have found chiefly the Salt of Steel, in pretty great quantity, often useful.

Intumescentia Aquosa constitute our several Dropsies, being a generic Term. It may be expected that I should consider their differences according to the different parts affected; but it is more proper to consider the Causes of Dropsy in general. They are very numerous, and require some Arrangement, which I have attempted to do in the Table here subjoined. Dropsy is a preternatural Collection of watery fluid in some Cavity of the Body, that is to say, in considering also as such the cellular Texture, which likewise admits of such a Collection. The matter collected is, I say, in general of a watery kind. We know that there is a watery vapour exhaled, and readily reabsorbed, in every cavity of the body. We find no other source of watery Collections, but those vessels which carry it naturally; and therefore I suppose that dropsical collections are of that Serum which is exhaled and reabsorbed. To imagine other Cases, we know that Urine when kept too long in the bladder after its secretion, may be reabsorbed, and poured by different sources into different parts of the body. But still that Effusion is performed by the Exhalents, which pour out that Serum. The various Appearances of that Serum may give some differences; but though

a little may perhaps here depend on the quality, yet the differences are always chiefly the Consequence of Stagnation - Therefore the means of such collections are our only subject, and may be referred to two heads

1. Effusion.
2. Diminished Absorption, with natural Exhalation.

The Effusion may arise from three sources.

a. Encreased ordinary Exhalation, the most frequent and common Case.

b. Rupture of Lymphatics; as these return the absorbed fluid; if they are broke in some cavity, it will be a constant source of accumulation.

c. The Exhalation may be confined to a small Sac or Vesicle, not deserving to be called a hydropic Tumor; but if broke it may readily form a considerable Dropsy - These Sacs encrease very gradually, but if broken they return to their former size in a very few days.

The encreased Exhalation may be referred to five Heads

a. Resistance to the return of Venous blood to the heart. Every branch of Arteries terminating in a Vein, has an exhalent branch, at least very generally. Formerly

the

the system of absorption was such that there was no difficulty in this case, because it was then a case of diminished absorption; but now since we know the Lymphatics are absorbents, we may suppose that the resistance of the entrance of the blood, from the arteries into the Veins, will encrease the determination to the Exhalent branches; and thus we must refer this case to encreased Exhalation.

R. Resistance in the Secretories, which must encrease the determination to both Exhalents and Veins.

V. Encreased Impetus of the Arteries, which, if too great for the Veins, must encrease the Exhalation.

6. Relaxation of the Exhalents, from different Causes.

E. When all the Vessels are in their natural state, but the portion of watery fluid is encreased, which allows a greater quantity of them to escape by the Exhalents.

I. Resistance to the return of Venous blood to the heart, arising from different Causes, chiefly

A. Obstructions of the Lungs, than which nothing is a more frequent Cause of Dropsy - Dyspnoea, when Chronic, always terminates in.

B. Obstructions of the Heart, as from Ossified Valves, and Obstructions at the Orifice of the Vena Cava.

V. Obstructions of the Liver and Spleen - As much blood passes through these Viscera, this is one of the most frequent Causes of Encreased Exhalation in the cavity of the Abdomen.

O. The Posture of the body; for as the Gravity of the fluid

fluid opposes its ascent. Hence in weak systems the up-right posture readily induces Oedematous swellings; and this should be attended to.

5. Venous Plethora from Obstructions to natural or habitual bloody Evacuations, such as the Menses or Hemorrhoids; or even to serous Evacuations. But I am not satisfied whether Dropsy in these Cases does not arise rather from atonia, induced by these Obstructions. I have had occasion to observe that there is a Dyspepsia Cachectica, from loss of tone, in which the Exhalation is increased by the relaxation of the exhalent Vessels.

4. Obstructed Veins; But these are attended with more particular effects; thus

a. Polypus, if in the Sinuses of the Brain, often produces those effusions of Serum which occasion Apoplexia, Epilepsia, and other diseases.

b. Compression, which is of three kinds

1. From Tumours formed in the Coats of Veins, which I have observed to produce the Angina Aquosa.

2. From particular Tumors external to the Veins in various parts. Accordingly Obstructions of the Liver and Spleen have often that effect. You may distinguish many kinds of them, as Scirrhus, Steatoma. Pregnancy is another such Cause, from the bulk of the Uterus, compressing the Lower Veins of the

Ab.

Abdomen.

3. Any Collection of fluids in the Abdominal Cavity pro-duces Edematous swellings in the lower Extremities, as from Ascites.

The Second Cause of increased Exhalation, is Resist-ance in the Excretories.

If there be any suppression of Perspiration, or other Watery Evacuations, this may be determined to internal parts; but then it is to be referred to increased proportion watery fluids – But here I mean such resistance in the Excretories as increases the determination to the Corresponding Exha-halent branches, as happens sometimes from Obstructed Perspiration, or from cold drink; in which Cases the ef-fect is too sudden to be imputed to increased proportion of watery fluids, but arises from increased Impetus in the Exhalent branches, in Consequence of resistance in the Excretories.

I need say nothing in recommendation of our pre-sent investigation of Dropsy – But the enumeration of its Causes is so irregular and arbitrary in different Writers, that it will give you much uncertainty and doubt – Till you can arrange the Causes of every disease in a Table, you cannot make any progress in Nosology. Those of Dropsy we have referred to two heads.

1. Effusion.
2. Diminished Absorption.

Effusion

Effusion comprehends

1. Increased exhalation.
2. Rupture of Lymphatics.
3. Rupture of Hydropical Sacs.

Increased Exhalation arises

1. From resistance to the return of Venous blood to the heart
2. From resistance to the excretions; which operates in the same manner.
3. From increased Impetus in the Arteries. There are two instances of this

a. In consequence of external violence. Contusions operate on the Vessels so as to produce Ruptures and effusions of all kinds. These effusions, Ecchymoses, or Sugillations, are soon reabsorbed, not by the Extremities of the absorbents confined to some particular fluids, but by the Extremities of the broken Vessels, and particularly of the absorbents themselves, if broken; and accordingly there are many instances of such contusions and strains laying the foundation of Anasarca, by urging the motion of the blood in the extreme Vessels to such a degree as to force the exhalents.

B. From internal violence, such as inflamation; but this happens seldom, because the effused fluids tend to suppuration, or to be reabsorbed. Yet there are some instances of it. Dr Stork mentions watery tumors of serous fluid,

in

in consequence of Rheumatism. In the disease we call Gangrene, there are Tumors on the Tendons, which, from Ellers Experiments and others, have been found to contain a gelatinous and serous fluid -

Those formed in Consequence of Strains are only thus explained. In abdominal and Thoracic Inflamations, there is always some effusion found on dissection, which would have ended in Ascites or Hydro-thorax. And there are many Instances of Inflamation treated by large bleedings, which by thinning the blood dispose still more to dropsy. A Lady who had a Rheumatism treated by large bleedings, died with all the symptoms of Hydro-thorax -

Nothing is more common than Dropsies in consequence of Intermittent Fevers; yet I am persuaded that all these Cases do not belong to this head, but to the next: therefore

4. Relaxation of the Exhalents - I was doubtful whether there was not here, as in Cases of Diabetes, room for Mechanic dis-tentation, and consequently proper Relaxation. Probably there may be such Cases, but upon further Consideration I find they belong to the last head of increased Impetus - Palsy is very frequently accompanied with dropsy; which we explain by the Palsy of the Exhalents; and therefore we imagine that this may take place also when the Muscles are not affected - Chlorosis ends readily in Ascites or Anasarca; and as there is no doubt of atony in that disease, we do not doubt that the Dropsy depends there much on the Relax-ation

Relaxation of the Exhalents; though the want of red blood may also have a share. Other Causes of Cachexia, which we before said is to be considered as a beginning Anasarca, are certainly often Cases of this kind, in Consequence of Relaxation of the Exhalents.

5. Increased proportion of the watery or more fluid parts of the blood; which may arise from three Causes.

1. From the quantity of water taken into the body. There are many instances of Dropsy arising from hence. How readily such a quantity of water may run through the Exhalents, we learn from an Experiment of Dr Haller. He opened the jugular Vein of a Dog, from which he suffered the blood to run; and in the other end of the vein he poured water, with sufficient force, through a Tube: And in the space of half an hour a watery fluid exuded from the whole surface of the skin.

2. By the proper parts of the blood being drawn off, as in Hemorrhages and artificial Evacuations. In what manner I have had occasion to explain. If we consider the human body as a set of Vessels of different sizes, we understand how these Vessels confine the Red Globules and the coagulable Lymph. But the greater part of our fluids is not so gross, and there is no explaining the Confinement of the Serum, but by supposing it entangled in the Red globules and Coagulable Lymph; the abstraction of which will al

low

allow it to run off. In hemorrhagies the red globules, and perhaps still more the Coagulable Lymph, are drawn off in greater proportion. But the Coagulable Lymph may be Evacuated alone by Ulcers, Diarrhoea, Dysenteria, Diabetes, and serous evacuations, induce also dropsy in the same way, by dilating the Excretories so much as to give way to the Coagulable Lymph also; but perhaps more by the relaxation of the Exhalents which they produce, as we said above.

V. In consequence of Obstructed Evacuations. Whatever quantity of fluid is taken in, the whole is changed in 24 hours. If these Evacuations are prevented, the watery fluids will remain in the blood; but if this lasts too long, they will run off thro' the Exhalents, and produce Dropsy: And I think it is clear that these are the most frequent Causes of Dropsy, though former Physicians thought more of diminished Absorption.

Increased Effusion may arise from Rupture of Lymphatics. We know that Lacteals, which are Vessels of the same kind with Lymphatics, are sometimes liable to rupture, which is followed by dropsy. Therefore this may happen also in Lymphatics. Rupture of Dropsical Sacs are sufficiently plain.

II. Diminished Absorption. Though we know that there is always constant exhalation going on in our system, yet in a state of health we find no accumulation of fluids: Therefore there must be a proportioned Absorption. But

Causes

cases of Dropsy in consequence of Diminution of this are unfrequent; and when they take place, it is not suddenly, as the exhalation itself proceeds slowly - Therefore whenever dropsy is sudden, it is owing to increased exhalation - There are three heads of diminished absorption.

1. Venous Obstructions in such not provided with Lymphatics. No doubt where there are Lymphatics, they are the chief absorbents. But no Lymphatics have been found in the brain, as you may see in Haller - and as the authors that assert the contrary deserve little credit, we therefore take it for granted, as the absorption there corresponds with the exhalation. I think it is performed by the Extremities of the Veins - Obstructions of the Veins, therefore, operate here chiefly by diminished absorption - In other parts by increased exhalation.

2. Obstruction of Lymphatics - These Vessels being the chief absorbents of our system, their Obstruction must have a considerable effect in diminishing the Absorption, chiefly in the Lacteals and Mesenteric glands, from Struma, often found on Dissection, but rarely in comparison to the number of Dropsies that occur - Obstructions in the general passages, occasion general Dropsies - Dropsies in particular parts may arise from more partial Obstructions of the Lymphatics; and there are instances of this. If they are not more frequent, it is because of the Anastomoses

-ses

Anastomoses of the Lymphatics (a benevolent Contrivance of Nature) which occur in the Venous and Arterial Systems, and which, it is highly probable, occur also in the Lymphatics; as we see there are so few bad effects of Partial Obstructions — yet obstructions of the Inguinal Glands have sometimes, though seldom, induced Oedematous swellings of the Lower extremities.

3. Paly or atonia of the Absorbents. This has been explained of the Exhalents; and may probably affect the Lymphatics also. This finishes our account of the Causes of Dropsy: I come next to its particular species.

I have spoken of the several Causes of Dropsy — I would recommend you to go to Lieutaudes Historia Anatomica Medica. You, ll find there many dissections; and it is your business to arrange them according to the Table I have given. As for the different genera of it, I have but little to say —

Anasarca is more general, and is induced by more general Causes. Other Genera are more topical, and owing to Topical affections. But topical Causes may give a combination of Anasarca with Topical dropsy, by operating generally. With regard to these several genera, I refer you to Authors. For the Hydrocephalus to Dr Whytt. For the Hydrocele to Douglas, Pott, Hunter, &c.

Yours

Ascites has been the subject of much alteration, and may be divided into Ascites from Simple Effusion in the Abdomen; and Ascites incysted in Sacs. With regard to this, we have something to observe - What we call Hydatids are nothing but a Blister full of water, occurring on the surface of many Viscera - From this small beginning it may possibly arise to hydropic Cysts; but this is not probable. There is but one form of Hydatids observed - In dropsical Cysts we find detached Vesicles filled with Lymph, which has been chiefly found in many Quadrupeds, and give another Idea of this - A hundred years ago Dr Edward Tyson, observing them in the Gazella, examined them more nearly, and thought they were animals; which has since been pretty well ascertained by Pallas - The Hydatid is truely the work of that animal, Tania Hydatigena, as it is called by Pallas, or Lymbricus Hydropicus, which is the name Dr Tyson - Whether it be a Tania or not, does not touch us - I imagine that most part of encysted dropsies is the work of that animal.

I come now to the Cure; but before, we must take a view of the different Cases to form a Prognosis, which, I am sorry to say, will in most cases be very bad.

1. Hydrops Hydatidea, or Animata, seems to be mostly incurable; yet there are two or three Cases of Cure by Dr Tyson and others, in the Philosophic Transactions. When we can observe the Dropsy beginning in one par-

-ticular

particular part of the abdomen, as in the Ovarium, we conclude it to be of the hydatic kind. In all such Cases I think the only probable remedy is Incision, to evacuate the whole Hydatic Tumor.

2. All dropsies arising from Polypi in the great Vessels, as in the heart, I take to be incurable. Others arising from External Tumors, causes of Compression, and several other topical affections of the heart and Lungs, are also considered incurable. Most other more topical affections, such as Scirrhus Liver and Spleen, Steatoma, which produce dropsy by Compressing the Cava, are also mostly incurable.

3. Dropsies depending on Rupture of Lymphatics or any kind of Hydatids. These, after encreasing to a certain extent, burst at last into the abdomen, and thus lay the foundation of an incurable Ascites, because it depends upon topical affections out of our reach.

4. All interruptions to the course of the Lymph in the general Passages, such as tumors in the Mesentery, are also Incurable. There are other Cases more ambiguous, such as the Causes of Relaxation. If the atony depends on a topical affection out of our reach, and is considerable, it is incurable: But if the atonia be little and general, it is Curable. Again, such Dropsies as

de

depend on Debility from Hemorrhages, Fevers or Inter-mittents, Diarrhoea, Diabetes, &c. are more ambiguous; and their Prognosis depends on the state of Debility, which may be judged of by the state of the assimilatory powers - If these remain entire the disease may be cured; but when these are destroyed, so as to prevent the renewal of red Blood, it is incurable

5. Those Dropsies which depend on suppression of Evacuation, or Obstructions, may be cured as far as their primary Cause - From this view of the different Cases of Dropsy, it appears that the Cure must be directed to the remote Causes, or to the present Symptoms, or rather more generally to restore the Tone of the Exhalents, or to encrease the Absorption -

With regard to this Indication, it is obvious that when the Dropsy arises from Causes of debility, the assimilatory powers remaining entire, there is room to restitute the Tone of the Exhalents, by Exercise, Friction, Diet, and Tonic Remedies - I have nothing particular to remark here, except that there is another means of augmenting the Tone of the Exhalents and Absorbents, by relieving them from the present collection of waters - This is done by direct Evacuations from the part - This has been attempted, in Anasarca, by Blisters and Incision &c. But all have been objected to from the state of Torpor of the part, which makes it liable to Gangrene, chiefly from Blisters, which I constantly avoid

as

as dangerous, and as much less effectual than any other means, as there is no Communication. As for Issues, I have no experience of them; but from their Observations I find in Books, and from Theory, I should think they might be useful. As for Incisions, large wounds are very dangerous, and Punctures are much more preferable. If Issues are applied, it must not be by beginning at the lower parts, but higher up, in the Thighs, to relieve the Incumbent weight; which will often be sufficient to allow the lower parts to recover their tone. In Collections of water in Cavities, the Paracentesis has been proposed and often executed.

When the Tone of the System is still entire, and when no evident incurable Cause appears, it may be safe; but we know now that it is very generally useless, and often dangerous, never to be practised but with Caution, and with a prognosis that the Patient and his friends may form a Judgement; and upon their Choice it must depend. Yet in Anasarca we should not so much fear Gangrene, which, in a slight degree, I have seen from Blisters, but so as easily to be cured. But even in Cases where the gangrene is much to be feared, it may often be proper to puncture with the hazard of it, as natural bursting is much more liable to gangrene than any other way of direct Evacuation.

After the Evacuation we must prevent the

re

return of the Effusion; and this must turn on taking off the Determination to the Exhalents by Vomits, Purgatives, Sudorifics, &c.

We were speaking of the Cure of Dropsy, and of the Evacuation of the collected water, which is frequently useful: But it is not one of an hundred Dropsies that is cured merely by this - When Dropsy is cured, it is chiefly when it depends on a general Cause of Debility, Exhalation, and Loss of Tone which is to be restituted by Tonics Remedies, - Exercise, Friction, Diet, &c. There are such Cases as Sydenham has marked, in which Evacuants are very hurtful - But in most cases Serous Evacuations are to be excited, by Vomits, Purgatives, Diaretics, Sudorifics, Sialogogues, &c.

VOMITS. There are many instances where Dropsies have been cured by spontaneous Vomiting - I knew a Gentleman who laboured under Anasarca and Ascites, from which he had three times been relieved by Tapping; some after the last tapping he was seized with violent Colic, resembling the Ileus, with excessive and long continued Vomiting, by which he discharged a great quantity of fluid, which occasioned a sensible Detumescence of the Anasarca of his Legs - You will find many similar instances in the Records of Physic - It is possible

there

therefore to evacuate by the Secretories of the stomach; but this will rarely be the Case, yet we have reason to believe that vomiting strongly favours absorption, in consequence of which the Evacuation is made by Urine and stool - On this consideration Dr Sydenham, who for the Cure of Dropsy depended mostly on Vomits, Prescribed antimonial Wine, which commonly operated by exciting a copious evacuation by Urine and stool. He observed that near the end of its operations, it acted by inducing stool; but if it did not he added a Purgative. I knew a Gentleman forty years ago who pretended to Cure every dropsy by Tartar Emetic, and, considering how many Dropsies are incurable, he had great success in this disease - We would practice it oftener, were it not too violent for the Patients; and Purgatives therefore are commonly had recourse to, chiefly Hydrogogues, which are very acrid, are particularly devoted to this - That any Purgatives have any Elective power for water, I do not suppose; but I impute their effects to their violence, by immulging the Secretories - I cannot say so much on this subject from Experience, as I could wish, because of our timidity that prevents us from Employing them frequently - But I am persuaded that we are wrong, and that acrid purgatives might answer very well often in Dropsies - Lunar Pills have been much recommended by Boyle, Boerhaave, &c. and I have reason to

believe they are the chief Ingredient of Dr Wards Pills - I also believe in the power of Elaterium and Gamboge - Drs Sydenham, Lister, and Schulzius recommend the Elaterium. As for Gamboge, it has lately been found on the Continent, by one Mr Herrenschwandt, useful for Worms, and easy to the Patient, if given par Raprise - I have employ only the more mild Purgatives - Jalap I have used sometimes alone, but seldom successfully, but have found it necessary to sharpen it with the addition of Mercury or Antimony. Mercury we cannot employ so often, because of the Salivation it is apt to induce - Antimony may be useful and I think Tartar Emetic with Jalap would form a very good Hydragogue. If the syrup of Buckthorn were genuine, I think it would be very useful; and we might allow it to act as an Emetic with advantage I own to you however, that the uncertainty of the Nature of the disease makes us rather negligent and timid in Practice - Weak Persons scarce bear those Evacuations - Yet I imagine we are guilty of a fault by allowing so long intervals between them; for, as Sydenham observes, the disease is rather exasperated by Evacuations, unless they are pushed so as soon to evacuate the whole matter - Of late, milder Remedies have been employed with advantage - You may see in the Bolognian Commentaries, that Crystals of Tartar are commended by an Italian; and his practice has been improved in our Hospitals, by giving it in larger Doses, frequently ℥ij. in 6. or 8. hours, or ℥iij a day; and

this

thus it operates more strongly by Urine than by stool. The generated Tartar I have not much employed, it being too expensive; but from the Testimony of Authors, I think it may be useful if given par Reprise such in the dose of ℥vi. or ℥j. There are Cases in which we may be afraid of Purgatives,-

But in all Cases we have free recourse to Diuretics. Unhappily there is none tolerably certain - Some of them, as I have mentioned, may answer pretty well; but we have generally and properly recourse to more particular Diuretics, such as Squills, Colchicum, Garlic, and Fixed Alkalies. -

Squills, when managed so as to stay in the stomach, may answer that way, and must be given in small doses, so as to avoid their purgative effects; for if we would employ purgatives, we would rather use those mentioned above. Squills often succeed as Diuretics, but they oftener fail -

Colchicum of late has been found much more useful; I have often found it so, and cannot believe that Dr Stork has always been deceived, as his Enemies allledge; but from their objections I think much less of it than formerly -

Garlic I have mentioned here, to say that it is of a Tribe of Plants which has been found diuretic, but weak and not to be depended on - Garlic is the most powerful of these; though there instances of Cures by Leeks and Onions - Garlic must be swallowed in entire Cloves, to enable the Intestines to bear more of it -

Alkaline Salts are often powerful in this way, but are a precarious Remedy; whether from their being Neutralized in the stomach, or from the small quantity in which they are

given

given, or their too great determination to the excretory Vessels when given in such a small quantity, is uncertain - But often, in a due quantity, they prove powerful Diuretics.

Sweating. I have observed that dropsy is often owing to suppressed Perspiration - It is by absorption of humidity that Dropsies are so frequent in cold damp places - De Haen observes that Obstructed Perspiration may induce Diabetes or Dropsy - In all such cases Sweating is the proper Remedy, and promises a Cure - Ordinarily it has been excited by many ways, by warm Bathing, as is done at Bath - But this way is too relaxant; and therefore it has been excited by dry heat in sand, and exposure to the Sun in warm Climates, which have often succeeded - The Sweating-Bag with us has often been practised - Either from Opportunity being rare, or other difficulties, I would try some other way - Dr Monro gives a Case of Dropsy from Dr Knight cured by sudorifics Dover's Powder, however, the most powerful of all sudorifics, has generally been found Insignificant. If Sweating could be easily practised, it might answer very well -

Salivation. Mercury has often been employed, and has often proved a happy Diuretic, but Practitioners have avoided it on a supposition that it breaks down and dissolves the blood; but this is mere Theory, and in fact there is no proof that the blood is thinner during Salivation - On the contrary, I have often seen it covered with Inflamatory Crust to a great degree - and many other reasons shew this Theory to be entirely groundless - It arose at a time when the consideration of our fluids was much thought of in Physic, and all Remedies imagined to act on them by a change of quality - Therefore, I believe, that Salivation, as an Evacuant of Serum, may be useful in Dropsy; but a high

Sal.

Salivation is dangerous, and by no means necessary, because a moderate degree of it in other Diseases is sufficient; which is to be explained by the Evacuation by the Skin and Kidneys - Therefore I have no doubt that Mercury, given so as to excite a gentle continued Spitting, may be very useful - These are the several heads of our practice in Dropsy - Why they are not more frequently successful, is understood from a consideration of the Causes

Intumescentia Solida.

Gen. LXXVII. Physconia.

Char. "Tumor quandam abdominis partem potissimum occupans, "paulatim crescens, nec sonora nec fluctuans."

This cannot have a place in Nosology, unless it forms a Tumor in the external habit - I have inserted it here purely in Compliance to other Systematics; but it is consistent with our plan to avoid symptomatic affections - If you are acquainted with the Causes of Physconia, you'll see that it is mostly a Local Disease, being sometimes owing to Scirrhus, Steatoma, &c. But even as a symptom it deserves attention, and you'll do well to consult Sauvages. Mr Cullen has given a Table of the different species of Physconia, and to complete the Doctrine Lieutaud's Historia Anatomica Medica.

Gen. LXXVIII. Rachitis.

Char. "Caput magnum anterius maxime tumens; genicula tu"mida; costa depressa; abdomen tumidum; cætera marescentia."

I am here to make some remarks on Dr Boerhaaves Aphorisms on this disease, as upon a Text — But — Ecce. —

J

I have already hinted to you, that from the Experience I have of it, and from the Observations I have been able to make, I think the best plan for teaching Physic, is to begin by a short connected System, and then enter into the diversity of Opinions - But often it is not possible to follow this plan, as for Example, on the subject of Rachitis; and therefore I think it enough to make a few remarks on Boerhaave's system - he begins by giving the history of the Rise of this disease - I might remark on the date he ascribes to it, medio fere tabente seculo decimo sexto - But I am only to consider whether it was then a new disease; which is not a matter of mere curiosity, but with a view to ascertain the cause - all this is doubtful.

It is said that the Antients are silent on this subject; but, as I said on that of the Miliary fever, this proves nothing. Celsus, Aretaeus, Aurelianus are the only tolerable describers in Antiquity. Hippocrates, Galen, and others, have given only fragments of descriptions - Before the restoration of Letters, say from Celsus to Sydenham, we have scarce a tolerable description of any disease - Therefore it is no wonder that we should find nothing in Antients on diseases that are considered diseases of the Oeconomy - such is Rachitis, which is no more regarded by some people than the shape of the nose - In short, I think that Contagious diseases alone are new, - Where we can trace the spreading of a disease from a particular place where it is Epidemic: But there is no suspicion of the Rachitis being such -

Besides, I do not allow that the antients are so entirely

for

silent, on this disease, as it is said; for we find among them a great number of Nick-names, such as Frontones, Guberon, Valgi, &c, from which we must conclude that they knew this disease.

In the next place, Boerhaave observes that this disease is never born with Children. "Infantibus nunquam connatus!" But I say, that same proportion of the head and that prominent forehead, which distinguish the Rachitis, appear at birth, but commonly take the form of a disease at the time of dentition, or about the ninth month; which must be understood with some Latitude. Rachitic Children are all slow in dentition; and it seems this effect of the disease depends on some Circumstance in the formation of the bones.

Then Boerhaave proceeds to the Investigation of the Cause, which he deduces from a certain condition of the Parents. See Par. 1482. But I must observe on this, what Boerhaave was not aware of, that Poor People's Children are as subject to this disease as the Children of the Rich, and even have it more frequently; of which you may be convinced in walking along the Cowgate (a street of Edinburgh), which may truely be called the Temple of Cloacina, especially between 10 & 11 P.M. and therefore all this aphorism is some imaginary. I will produce as many people of a good Constitution, of a sober life, and of a firm habit, whose Children have the Rachitis, and vice versa. — Aqua calida usi, by an allusion to the use of Tea. Tea is sufficiently hurtful, but it has not done half the mischief laid to its charge. In assigning the remote Causes of Diseases,

we

we are Ignorant as the Vulgar. Mr Glisson fixed the origin of Rachitis to the year 1620, or thereabouts, and Boerhaave about 1640 - But no Tea was drunk then. It is curious enough that Rachitic Parents often have very sound Children - yet laxity in Constitution, Chronic diseases, Excess of Venery in Parents, &c, may have a share in producing this disease in the Children Estate exhausti. as far as my Observation goes, Children of old men, if their (which is not commonly to be doubted), are not more subject to Rachitis than those of young men.

The favourite Doctrine of Boerhaave was, that Rachitis appeared with the Pox; but this is very doubtful. I have known persons who have often had the Gonorrhoea, whose Children were not in the least Rachitic. This disease appears every where; in Country as well as Town - The Venereal Disease is much more frequent in Italy and Spain, and is there much more neglected than in Britain, as I am informed by their own present Practitioners; yet the Rachitis is not more frequent there than in England, if not less, ubi vero nutricem, &c. Every disease of Children is imputed to Nurses, but wrongly. I think that particular Nurses may favour the pre-disposition, and encrease it; but that it depends on original Confirmation - I have known Children poxed by their Nurses, but no Rachitis ensued

Boerhaave proceeds to the occasional Causes. But here I am much at a loss - The proofs are doubtful; and Negative proofs against them are very frequent - Cold and Moisture may encrease the disease, but do not

pro

produce the disease; otherwise, how many Children should be Rachitic - As for the diet it may have a share here; but how many Villages of Fishers, for Example, are there, where Children are not more Rachitic than those of other Towns? Farinous diet - yet this is the Universal diet of Children over the whole Globe - In England and other places Meal makes their food; and our Oat-meal Porrage does not prevent our Scotch Children from being as well made as others. Crudi horai are confined to a particular Season* As for the Remittent fevers, Chronic diseases, &c. and in short the whole of the Remote Causes assigned here, all are very doubtful; and can never be certain whether the Rachitis attributed to them does not arise from original Conformation.

Boerhaave then proceeds to the Diagnosis of this disease: First in his "qui nondum incedunt.

1. Ab Ætate. I have spoke of this.

2. A Causis progressis. This is very doubtful. I can foretell Rachitis, but not from a consideration of Causes

3. A Patribus, &c. Yes: this is a family disease, a proof that it come from an original Conformation - yet there are strange exceptions to this.

4. A tumore flaccido faciei & Capitis. For the most part the heads of Rachitic Children are at their birth of an uncommon size; but he has forgotten the chief Character, a pro-mi

*. Cannot be the Cause in this country; for we have no fruit.

prominent forehead — We have still another mark in the progress of the Fontanella towards Ossification, which is more slow in Rachitic Children.

5. A Cute Laesa. Yes.

6. Tumore abdominis. How this is to be explained, is uncertain, perhaps it is owing to obstructions of the Mesenteric Glands, which cause Gymphanetic and also Physconice abdomination. The swelling is not equal to this tumor.

7. Maculentia reliquorum partium. The Limbs shrink in size; and before this are flaccid, because there is less oil generated in this disease, and the Cellular substance is not filled up.

8. A protuberantia sternum ad junctura &c. This is considered as a Characteristic Symptom — But there other circumstances of the bones to be joined, viz. Curvatures, whence the Valgi, Vari, &c. The Ribs are affected in a particular manner, being more flat, and the sternum pushed outwards, and flat also.

9. A Magnitudine, &c. In consequence of big heads — In Children walking.

a. Ex omnibus antecedentibus.

b. ab incessu tardior. &c.

v. ab ingenio praematuro nedum &c It is probable that as this disease depends on a delicate constitution, and is joined to a remarkable debility, that Mobility accompanying this generally makes Rachitic Children more witty and lively; and on this account, those that weak soon, or before they can walk, are to be suspected — But on

on the other hand, there are many instances of Rachitis joined with Idiotism.

In the next paragraph Boerhaave gives the symptoms of that disease in Adults, which are equalls of the preceding symptoms, and shew some fault in the nourishment of the bones; and this is the chief condition to be explained in order to find out the cause. Boerhaave adds that there is a constant fever. This is not admissible. The disease sometimes proceeds to a considerable degree, and often without fever. The Pulse is always very frequent in children; and there is no other symptom of fever. The Hectic fever, when it occurs, always gives a suspicion of topical affections, obstructions, or even Vomica. What Boerhaave adds is proper, that this disease is very universally accompanied with a remarkable Lapity of the solids. It is probable that the debility of the assimilatory Organs diminishes the quantity of red Globules in the blood. From these Remote Boerhaave passes to the

Proximate Causes. With regard to the Lues venerea, I have spoke of it before. If the Capitones, Vari, Valgi, &c. were Rachitic, there is no suspicion of the Venereal disease. With regard to the Cacochymia inert, mucosa, frigida, vapida, &c. I do not understand it, and see no proof of it. It is unnecessary to dispute about it. Whatever be the state of the fluids in this disease, it is a consequence of the Causa partium firmarum fabricis. Every body that takes an accurate view of the animal Oeconomy, must see that in such Cases the state of the fluids

fluids is to be explained by that of the solids, and the Laxity of these by original Confirmation - It is in consequence of this that we see tall or short people independant of any par-ticular management of Children, as much as horses diffe-rently shaped, or Eyes of different color: and if so, from Ana-logy we should refer the Rachitis to the same original Confirmation, and attribute it to the Laxity of the solids.

In prosecuting our Subject, I must observe, that I can find fault with Boerhaave, but very distant views from disparaging his general Character: He was a Man of genius and application, and has rendered very great services to Phy-sic - But unless I would engage rashly in a tedious Criti-cism, I could not take him as a Text-book. I have followed him on the subjected of Rachitis & his Proximate Cause. I have said I do not understand what he means by his Cacochymia iners, mulosa, frigida, vapida, &c. Boerhaave warmly apt to reject any such thing as fermentation in the human Body; but what can he mean by Vapida without fermentation? I know not - As for the Laxity of the solids, this must certainly be admitted - But as the simple solid are not susceptible of a sud-den change, in all sudden cases it must be the nervous power that is chiefly affected. There is in this disease a particular condition of the facultas Nutrice, which, while it lasts, oc-casions a want of preparation of the proper fluids - The usual quantity of Oil in the Cellular membrane is not prepared; particularly the bony matter to give a ferment to the Bones is stopped - How this is connected with abdo-minal Tumors, or fault of other Viscera, or what is the fault of the Nutritive power, I cannot say, any more than

I

I can explain many other mysteries of the animal Oeconomy. Why are the Teeth formed at two periods? Why are the genitals Evolved at a certain period only? How does that Evolution affect the voice? &c. all these are mysteries which we do not understand. That cacochymia which Boerhaave speaks of here, has been explained as a prevalent acidity. Down there is an acid in the primæ viæ; but we have as much reason to think the prevalence of this an effect as a cause of a disease. Whether there is any acid power applied to the bones is uncertain; but in supposing there was, what the effects of acidity are beyond the Primæ viæ we do not know, ascertainly it does not remain in the System under an acid form beyond the primæ viæ. But whence should that acid be generated from the milk, they say, which is the food of the Child. If the Fructus herai farinosa aryna could induce this disease, they might be suspected to act this way; but when we consider that this disease is congenital, and where we see the child is first formed from the Alkalescent Juices of the mother, we cannot suspect it to arise from a prevailing acidity. There are Children who are allowed to eat animal food, who are as much rachitic as others; and those that are brought up by the Spoon on Cows milk, which is less Alkalescent, are not more affected than others. and if this were the Case should we not find more difficulty in weaning Children, liable to this disease, than we do. Therefore that a prevailing acidity is the cause of this disease, is very doubtful; and accordingly there is no evidence that antacids are more effectual here than any other Remedies.

Boerhaave's Cure turns on a drying and strengthening

strengthening Course, with attention to the Condition of the Primæ viæ. Curatio optima fit &c. The only Narcotic to be administered is light and easily soluble food, such as fermented Bread: but the diet must be in some measure; for we can't make Children eat dry bread alone: Therefore the Recipe is inadmissible. Aromatics may be added, but with what effect I cannot say - Though acidity is not the Cause of the disease, yet it must be avoided - and we can give broth to Children. Potu pauco meraco et Cerevisia imprimis, &c. Boerhaave had this from an English Physician, who always prescribe good ale to their Patients: but why not old ale as well as new, I cannot say, - Whether due cocta makes the best ale, is disputable. The use of flannel shirts tends to support Perspiration. Matrasses are to be filled with Aromatic herbs, but with what effect is doubtful - But to avoid moisture and cold it is very proper the Patient should lie up stairs: supra tabulata lignea - Gestation &c. judge yourselves whether there be any thing here particular - Friction with flannel is very useful, to restore the tone of the solids and extreme Vessels; and particularly to support the Perspiration - I doubt whether by rubbing the region of the medulla spi-nalis, we can obtain any particular effect; but frictions on the belly are certainly useful and admissible -

Blisters have been proposed, but I think they can have no effect, as there is no Symptom which they are fitted to remove - There have been disputes on Fluxes, and Facts have been advanced on both hands.

I have generally found them of no use -

Vomits and Purgatives. These are very useful to preserve the Tone and Prevent the Debility of the primæ viæ - Gentle Emetics may usefully excite the action of the Stomach. Purgatives are necessary to avoid the Stagnation of the Primæ Viæ - and the favourite Remedy is Rhubarb - I do not doubt that of all acrid Purgatives it is the best suited to this disease; and both as an astringent and Purgative we see how it may be of use -

Denique &c. I understand this well of Tonic Remedies, and from the authority of Boyle, Chalybeates have had much reputation, and have been employed with much - I cannot perceive any thing particular in the Ens Veneris or Flores Martis - Whether the Vitriolic or Muriatic acid be employed is pretty indifferent; and I have found the common Sal Martis as useful as any other - At the Time of Boerhaave the Peruvian Bark was not known in the Practice of Nachitis, and Chalybeates are more convenient - What are the Lenientia and antisportutica mentioned here, I do not know, and don't enquire, as Boerhaave himself had no distinct views on them. Tetradynamics do not answer better than other Remedies - Boerhaave asks, whether the Cold Bath will be useful? - Undoubtedly it is one of the best Tonics we know; and it is very good as a prophylaxis; but when the disease is well formed, its use has been disputed: I have not been embarrassed with the question - When the

the disease has been much advanced, and the Tumors very great, I thought it dangerous; but when the disease has been more recent, in despite of the prominent forehead and tu-mid joints (if there was no considerable fever), I found the cold Bath very advantageous. Boerhaave adds "An linimenta et quæ? He suspects they may be hurtful, which I think; and it does not appear to me that they can have any great effect.

Ord. III. Impetigines

Char. "Cachexia cutem et externum corpus precipue defor-"mantes." - This Term is not employed strictly in the sense in which the Antients used it, who understood by it a scabby Erup-tion on the skin. Sauvages has extended it to all Cases of that kind; and I have extended it still farther, perhaps not correctly; but I think it allowable under the diffi-culties of our method. The deformation of the skin, which is the chief character of this disease, is, perhaps, but improp-erly applicable to the first Genus.

Gen. LXXIX. Scrophula.

Char. Glandularum conglobatarum, præsertim in colle, "tumores; labium superius et columna nasi tumida; "facies florida, cubi lævis; tumidum Abdomen."

To avoid too much subtility in our divisions I have put this disease here. Try yourselves to find a better place for it. Scrophula is not a new disease, though it has been considered such, as well as the Rachitis; but I have the same reasons against that opinion as I have alledged on the subject of Rachitis. You find traces of it

it among the antients; and the Term Struma, particularly, is not a new term - The symptoms of it are well known; and in most cases it will not be mistaken, but in some it may, and therefore it must be limited and distinguished

1. It appears as a Tumor or discoloration on different parts of the body, free from pain and inflamation; for the tumor is moveable under the skin, commonly very gradual and slow in its approaches to an inflamed state; and even in its purulency, when it is fluctuating, it is long before it penetrates the skin and changes into an Ulcer. It is not like a common Phlegmon, but opens slowly in small Ulcers - It gives Pus, but not much, and this appears white like a Cheesy matter - The Tumors are not pointed - The Pus is sometimes transparent, like Gelatinous matter. The Ulcers thus formed heal slowly, and give much transparent Pus - The edges of the Ulcer are seldom well formed, flat and smooth - When I speak of this as an Abscess for Ulceration, I must observe that frequently these tumors arise on the bones, with a particular Caries, i.e. the bone is affected, and becomes of a particular spongy Texture; and this heals as easily as Ulcerations in soft parts.

2. This disease affects more particularly certain persons, seldom, for Example, those that have black hair and Eyes, or a rough skin; commonly those that

have

have a smooth skin, thin Cuticle, clear and ruddy Com-
-plexion; but seldom brown faced People. It affects chiefly
a certain period of Life, from three years to Puberty. I have
seen it in Children of a few month, but rarely before three
years. It appears at any time within that limits, but
chiefly between three and seven years. I doubt extremely whe-
ther after Puberty the genuine Scrophula frequently ap-
-pears, though the Lymphatic Glands may swell. In many
Cases I have observed this disease to be a prelude to
Phthisis, at whatever time it comes on, it seldom conti-
-nues more than three or four years. However consi-
-derable they may be I have commonly seen them cured
in four years; and if they do not take to the Lungs at
the age of Puberty, they generally heal up and disappear
The Tumors most commonly occur in Conglobate or Lym-
-phatic Glands, chiefly in those of the Neck. Whether this is
owing to a particular distribution of the system, at the period
of life at which they appear, I will not determine. But at the age
of Puberty they also very commonly occur in the Lungs. I have en-
-deavoured to explain that distribution of the Blood. How the
Lymphatic glands come particularly to be affected by it, I
cannot say. At the same time the scrophula appears in
other parts, on the muscular parts on the bones, &c. But
more readily on the joints, and as far as my Observation
goes, chiefly on the Elbows. It is particular, that while in
other parts they appear as mobile swellings, they more
frequently, though not universally, appear on the joints as

in

immobile tumors. Whether it affects the neck or other parts, it is very generally attended with swelling of the upper lip, especially at the root of the Columna nasi, and attended with Ulceration - another Fact, this disease has a connexion with the seasons of the year - The first appearance of it is in spring. They continue and advance till Midsummer - Then the swellings diminish - The Ulcerations more commonly heal: At harvest they frequently disappear, till again, after the Winter Solstice, they return sooner or later, chiefly, in these unequal Climates, according to the Weather. If cold continues long they return late -

When the disease proves fatal, we find on Dissection the Conglobate Glands, chiefly in the Abdomen, and especially in the Mesentery, much affected; sometimes even with Vomica, and much in the same condition as the external glands.

As for the CAUSES

1 From the history delivered, it must appear that it is a disease of the whole Constitution, seizing chiefly a particular Temperament and a particular period of Life; for it is one of the most common of the hereditary diseases. As to the Geneology of this disease, I have more than once hinted in the Course, that it is difficult to know the true Father of a Child - But we see every day Children taking some resemblance of one or the other Parent, and whatever of this be imputed to imagination, I should think it a pretty strong diagnostic of the Father. I have often observed

observed that among Children, those chiefly resembling their Scrophulous Parent, are chiefly affect with this disease, and Vice versa - It is possible that a father may communicate to his Children a morbific matter, but seldom happens; and most hereditary diseases are diseases of Temperament -

2. Another Observation is, that there is always in this disease an affection of the Lymphatic System; whatever may be the connexion of this with the rest of the System - It is not impossible that a particular acrimony should be transmitted, but more probably a particular Temperament: at least it is not a contagious acrimony - and though there be doubts concerning this, yet there are no proofs to the Contrary - and I have often seen Children of the same family, where those only were affected that resembled the scrophulous parent -

The Indications of Cure are two,

1. To obviate the debility and Laxity of the System, manifestly present.

2. On the supposition of Acrimony, to wash it out of the System.

These Indications apply to any practice - As to the first, it leads to explain the Use of the Cortex Peruvianus, which is certainly a Tonic, and has of late been employed in this disease - But it has rarely answered my Expectations; and I would allledge that none of the accounts Published concerning it are satisfactory - I gave you the history of the disease to limit it, and to prevent your taking every Lymphatic swelling for Scrophula - This is applicable to the

Cases

Cases mentioned by Dr Fordyce, in which, I think, he has fallen into this mistake - Dr Fothergill is a Physician of sufficient discernment, and there is no doubt that his Cases (see Lond. Med. Ess.) were truely Scrophulous - But these are not conclusive, since he gave the Bark in Decoction, and in too small a quantity to persuade us the Cure was owing to it. Dr Bond of America tells us the Bark has been very useful in this disease, if given in great quantity, and continued long - But when he comes to mention the quantity he gave, we find it was only three half drams doses a day, which can do neither good nor hurt - In general, I would say, there is much doubt concerning this; but I would venture to employ the Bark with Fothergill, because, as he says, it is perfectly safe - We should expect other Astringents and Tonics to be also useful; but the only one on which we can depend is Cold Bathing.

The second Indication is answered by the plentiful drinking of water - The Cures performed in this way are commonly imputed to the quality of the mineral water employed; yet as waters of all kinds have been much reputed in this disease, much of the effect must be imputed to the water alone - But the saline impregnation, being fitted to stimulate the Excretories, may have a share - after all our trials, it has been found that Sea Water is equally or even more effectual than any other that has been tried - And it is the practice I have found the most useful - But observe, there is no occa-

-non

occasion for the person to be removed to the sea - I know that Sea water be kept long enough to transport to a considerable distance - The Sea Air has no advantage; and the Sea-bath is scarce better than any other - Nay in nine of ten Cases People at a distance use the Sea water to more advantage than those on the Shore - On the Shore the water is more diluted, and has generally washed the filth of a great city, which must give it a bad taint - Therefore I think it necessary to order a Boat at the Stream of Tide, to a considerable distance from the Shore, within a hour of high water -

I seldom employ Sea water alone, but dilute it with fresh: as P. S. which answers best; besides it does not occasion thirst - The practice is to give it in great quantities; but it is sufficient to give it so as to keep the belly open; but the more they can bear without Purging, the better - after long Experience, this is the most useful method of treating Scrophula I know; and nothing more is necessary to be added, but the Cold Bath - Sea water then and then the Cold bath, is the most useful management of this disease -

There are people, who live at a distance from the Sea, despise Sea water, find it expensive; and refuse it - In such Cases Glaubers Salt, with one fourth or sixth of Common Salt in fresh water, will form an Artificial Sea water equally, or perhaps, more useful.

Cicula

Cicuta and Tussilago have been much employed. Since Dr Stork recommended Cicuta it has been admitted by many, even of those who refused its use in Cancers. But it has disappointed me as much in Scrophula as in Cancers; and the Cases in which it has succeeded are extremely few. With regard to the Tussilago Dr Fuller has recommended it in his Medicina Gymnastica, and mentions a Cure of Scrophula by it. I have employed it fifty times, and often found it useful, chiefly in Cases of open sores, where the Bark has failed. I have often been disappointed, but in many instances have had good Cures by it: and what made this certain was, that the Ulcerations which were Cured on the use of Tussilago, recurred on its interruption, and were again Cured on its repetition. The best preparation of it is the expressed Juice of the Plant, gathered at this season (20th May). In the Summer I have employed a strong Decoction, which, however, I think less Efficacious.

Gen. LXXX. Syphylis.

Char. "Morbus contagiosus; post concubitum impurum et genitalium morbum, ulcera tonsillarum; cutis, praesertim ad marginem capillitii, papulae corymbosae, in crustas et in ulcera crustosa abeuntes; dolores osteocopi; exostoses."

A disease I shall say very little about. Every apothecarys Boy thinks himself very Clever and able to Cure it; and I wont expose myself to your Criticism on this subject; for you know better than Apothecarys Boys.

Gen

Gen. LXXXI. Scorbutus.

Char. "In regione frigida post victum putrescentem, salitum, "e animalibus confectum, deficiente simul materia vegeta "bili recente; asthenia; stomacace; in cute maculæ diversiformes, "plerumque livescentes, præsertim ad pilorum radices."

A disease on which I might say something more, but now I take it Theory to be very simple. You will find enough of it in Dr Lind; and to complete your Doctrine you may also consult Dr Holme –

Elephantiasis, Lepra, Frambœsia, & Trichoma I have never seen, and know nothing about.

Tetanus I have seen, but can say nothing of it, but that is very common.

The Morbi Locales, I have already told you, are not a part of this Course – and therefore this is enough on the Practice of Physic – at our next meeting I'll tell you how to prosecute the subject and supply my defects.

I intended to have employed this Lecture in teaching you how to supply my defects, by giving you a sketch of the plan of study you are to pursue, and of the authors you should read – But I find it is the desire of some Gentlemen, that I should touch the two or three genera I have omitted – and I will gratify this desire –

Gentlemen, you are my Mecænas, and as such

I

I will address you, in the Words of Horace.

Puma dicte mihi summâ dicende Camenâ,
Spectatum satis, et donatum jam rude quæris,
Mæcenas, iterum antiquo me includere ludo.

He furnishes me still with another apology, taken from the Rest my Collegues have long enjoyed -

Vejanius, armis
Herculis ad postem fixis, latet abditus agro.
Ne populum extrema toties exoret arena.

And another set from my age.

Solve senescentem mature sanus equum, ne
Peccet ad extremum ridendus, et Ilia ducat.

You'll find it will often be my Case on this subject of Syphilis - I'll draw my breath, and you will laugh at me. Besides you cannot suppose I should be so attentive to the Cure of Gonorrhoea as you may yourselves be -

Non eadem est Ætas.

But without any more apologies, and to proceed.

Vt verus, et cætera ludicra pono.

The Syphilis confounds all our Systems - It does not admit of the grand distinction of Local and general disease - nothing is more obvious than that our Nosologists have been very inaccurate on the subject of Gonorrhoea Virulenta, which they call the Local Ailment - the

Sy

Syphilis manifests itself first by Chancers or Gonorrhoea. But as Chancers require the same general Treatment as the Syphilis, properly so called, I shall here speak only of Gonorrhoea.

In what manner this rises we do not yet well know; and it is of little importance. But the nature of the effusion is of more consequence. Not long ago it was thought to proceed from Ulcerations of the Urethra; and that the effusion was of a purulent Nature. At present the greatest number of Physicians admit it is only an encreased discharge from the mucous glands. This will help to mention here all the arguments that favour that opinion. One may stand for all, and it is this, that on dissection of people who died during the Violence of a Gonorrhoea Virulenta, no mark of Ulceration was found in the Urethra. This fact I have from Dr Hunter. We have many instances of dissections of people who formerly had the Gonorrhoea, and no Cicatrix was found. Another argument is taken from the Gonorrhoea benigna, which is entirely unconnected with the Virulenta. It often happens that excessive drinking brings on, in people who formerly had the Gonorrhoea, a discharge from the Urethra; but of a very transitory nature; which shews that such effusion may take place without purulency, which is not supported. Likewise in the Gonorrhoea benigna, the whole mass of blood is not contaminated, which is to be expected by the want of absorption. But this would take place if there was any ulceration. Hence I conclude there is no Ulceration in the Gonorrhoea; but at the same time,

that

that the continuance of the disease, and the Inflamation, if particularly encouraged, may bring on Ulcerations; which accordingly have sometimes been found on Dissection, but seldom, and only in Cases of long continuance, or great inflamation ill managed –

The most common supposition is, that there is a foreign matter introduced, which acts as a ferment, and assimilates to itself the natural mucus. This may have obtain, but is not necessary, as a simple Inflamation may be sufficient to bring on the effusion –

As for the Method of Cure, it is either Prophylactic or Curative. a Prophylaxis is desirable (pour pouvoir parvenir ut a sonaise). But I do not think it possible, unless it depends on some particular Idiosyncrasies, which is very rare. I dont suppose that the acrid matter may be washed out, when it has penetrated very far; but at the same time Caustic Alkali may be useful. How? is another question – The Cure is difficult –

I reduce my Indications, on the supposition of an Inflamation – If we take this away, the disease will cure itself. The first and chief Indication is, then, to

Take of the Inflamation.

1. In robust persons, where the disease is most violent, repeated Bleeding may often be necessary – But commonly, as the affection is topical, general Venesection can have little effect, and I would prefer topical Bleedings – But

then

these are disagreeable and troublesome; and if Leeches are applied it will often be difficult to stop the blooding.

2. Besides Bleeding, low Diet is very necessary, and often sufficient.

3. To these two measures, we commonly add Purgatives, as antiphlogistics - Formerly the disease was chiefly trusted to acrid Purgatives, and Sydenham was of that Opinion; but I think we are to prefer the antiphlogistic Purgatives, as Neutral Salts - and even these I have known to renew the Inflamation - upon the whole, then, Purgatives are a precari-ous and seldom useful Remedy in this disease -

4. To avoid Irritation, under the Influence of which the mucus is not secreted in sufficient quantity, or rather Consistency, to defend the Urethra; which gives the Ardor Urinæ, I take care of by a large and plentiful dilution of the Urine - We add Mucilages, perhaps properly, but often with little effect, being less powerful than dilution - When Mucilages and Dilution are unsuccessful, we often take off the Irritation by in-jections of Oil - But this is difficult - a Pipe will irri-tate much - a Syringe, because of the Contraction of the Urethra, will seldom penetrate; and therefore when-ever a pipe can be used without irritating too much, it is better - a Poultice of Saccharum Saturni is often applied to the pained part - The strength of the Solution, which is to be mixed with Crum of bread, is at most gtt X to ℥i., which is very useful in repressing Inflamation. By this application almost wholly, a Surgeon reported

to

to me that he had Cured many Gonorrhoea - another Irritation are Erections and libidinous desires, which are very troublesome - Therefore all dalliance with Females, lascivious conversation and Reading, are very hurtful. Bodily Exercise is another Irritation carefully to be avoided. The Patient must sitt still, or at most use gentle gestation only -

Nitre I think good for nothing, as a cooling Remedy; but as a Diuretic, it may perhaps be useful; but even as such, it encreases the acrimony of the Urine which it was intended to remove - By by these means the Inflamation appears abated, I consider the disease as cured, which, with a proper regimen, is done soon after. But some-times the change of colour and Consistence, which are the Symptoms announcing its removal, do not occur. Sometimes the Evacuation diminishes only in quantity: But on the other hand, it green colour does not prove that the discharge is virulent - And if the disease remains under the form of a gleet, even Mercurial Salivation will not remove it -

From what we have said, it follows, that we have scarce any Criterion of the Virulency being expelled; but it is now agreed, that if the disease remain, it is always from a Relaxation of the Mucous glands - There are many Cases of this kind, which may be cured on the supposition of Relaxation, without regard to Virulency - Yet some

times

sometimes virulency is to be expected; and the Internal use of Mercury even expedite the Cure of Gonorrhoea - It is a common opinion that external Mercurial applications to the part, are useful; but they are no more so than if applied to the hand; but if of any use, it must be by being taken into the blood - Mercury by Injection, encreases the discharge, and in a few Cases is successful - Therefore I have no objection to Injection of some mild Mercurial preparation, such as Crude Mercury - Calomel is not diffusible in any liquor, and consequently will reside in the Urethra in a solid form, and excite a violent Inflamation - Perhaps an injection of a weak Solution of Corrosive Sublimate, and still diluted, may be very useful - If strong it will have the effect of Calomel - But it can be of no use unless it gives some pain - I have met with several Instances of Gonorrhoea suddenly cured by Corrosive Sublimate; but it was when the solution was acrid, and excited Inflamation - There are many instances of Gonorrhoea cured by exciting Inflamation - I have known one cured by riding Post - a method more antient, was to give the Balsamum Capaiba, or Turpentine - These have a considerable power to excite Inflamation - I have once seen by Capaiba a violent Inflamation and suppression of Urine induced. If these operate, then, it is by irritating the parts, and in some measure inflaming them - On this foundation, you'll find in some authors that Cantharides have cured Gonorrhoea - Other means are more ambiguous —

Copper

COPPER may be an astringent, but at the same time it is a powerful Stimulant. But whether it operates as a Stimulant or an astringent, is not certain. White Vitriol or preparations of Lead, are commonly employed. The Lead is Saccharum Saturni well dissolved; for a powder in the urethra is dangerous. On which account the Cerussa is inadmissible. There are Cases in which it is difficult to determine whether astringents or Stimulants are to be employed. When there is no Symptom of Inflamation I would employ astringents. What quantity of Sacch. Sat. ought to be used? I have no Rule, except to begin with a weak Solution. But we must be cautious with the use of Astringents. If they produce Inflamation they are very dangerous. That they occasion the Tumor Testiculi, by inducing Obstructions, and in Consequence a Regurgitation into the Testicle; the means of removing which are the same as taking off Inflamation. You are soon to have a complete dissertation on this subject. (Vid. Threlfall's Inaugur. Dissert. de Testiculi post Inflamationem Venereum Tumor. Edin. June 1770.) There are many people who pretend to Cure Gonorrhoea very early, by Astringents; but how, I cannot determine.

With regard to Chancres, they necessarily give room to absorption, and necessarily affect the mass of blood; and thus they lead us to the same Remedies as for the Lues. Whether there is any other way of communicating the

In

Infection to the Mass of blood, is uncertain - I would never trust to a simple Gonorrhoea - In many Cases there may be a slight imperceptible Excoriation, which will be suffici-ent.

Another Circumstance is, that the absorption seldom affects the mass of blood, without bringing on a Bubo; but this is not necessary. I am certain that I have seen the mass of blood affected, when there had been no Bubo. The matter of the Lues is however apt to stop here, and produce a swelling of the Inguinal Glands. But there is no proof that the suppuration of the Bubo expels the Lues by evacuation; but the Lues often recurs in despite of all Suppuration - Nothing is more necessary to be inculcated than that the Suppuration of a bubo is unnecessary to Cure the Pox, and is often a dangerous and inconvenient Remedy, as leaving behind it a long and tedious Ulceration.

I have begun the consideration of the Venereal Lues, of which the Chief case is the Gonorrhoea, which I have treated off perhaps a little too cursorily - I began to speak of Chancers and Buboes - The chief point is, that when they once occur, there is no safety against a Pox, and, like it, are to be treated by the internal use of mercury. But a question occurs, Viz.t whether the Chancers should be

be healed up by external applications, or whether we should wait for the Operation of Internal Medicines. It is true on one hand that they give you a security for your Prognosis, and shew whether the disease cures well; but on the other hand, the continuing a Chanker is continuing the disease. Every part of our fluids that comes to it, are immediately changed by the ferment of the virus, and absorbed; which encreases the disease. However in mild Chankers, they may be allowed to remain till they shew some signs of Internal Cure; but when attended with much Inflamation, Phymosis, &c, it is absolutely necessary to heal them up, if possible. In other Cases this is more indifferent. I am inclined to heal them up quickly, depending for the Cure on time and Internal Remedies. Suppose I heal up a Chanker, if the disease remain a new Chanker will be formed, which may put me on my guard as much as the continuance of the first one.

Chankers require Mercurial Applications. In severe Cases Saccharum Saturni has been employed with success. The Mercurial Ointment is inconvenient and ineffectual. The only remedy I would prescribe is the Red Precipitate, taking Care to conspire it to the Affected part by sprinkling it with a little Canula. This I have seen of great Consequence.

With regard to Buboes, we are to have no anxiety about their suppuration, contrary to the common opinion; on the other hand, it is ineffectual and useless for the Cure of the disease. Therefore I would avoid it. How? I have

often

often been at a loss - In a certain state Remedies will not prevent their suppuration - Poultices have no effect, either in dispersing or suppurating Bubos - From Experiment in the Dispensary, dry Cupping is the only means of dispersing them - The Mercurial ointment commonly employed has often failed; after constant repetition, when it has succeeded, it may have operated on the mass of blood, or perhaps on the Lymphatics going to the Inguinal glands.

LUES VENEREA. In this the whole mass of blood is affected; and here we can say nothing concerning the nature of the affection - all supositions are Hypothetical, and equally ill founded We do not, therefore, pretend to judge of the nature of the Infection - An Opinion from Boerhaave has prevailed, that it takes particularly to the oily part of the body - I might shew his argument are not conclusive - But we have proofs that it rather takes to the mucous matter - In 99. of 100 Cases it first affects the mucous glands, the Tonsils, and then the Sebaceous glands. The argument of Boerhaave, that it readily attacks the bones, does not shew that it attacks the oil; for if this were the Case it should first affect the internal periosteum of the bones; but this does not happen The Scrophula attacks the bones, but without suspicion of any connexion with the oil - This question is of little importance, but is susceptible of Application -

Mercury is the Remedy for this disease, as for al-

almost all affections of the Lymphatic system, it is the only Cure - Evacuation is the only remedy of Lues, by changing entirely the fluids: and the most universal evacuant is Mercury, which besides touches particularly the seat of this disorder - It has been believed that it acts as an Antidote; but many arguments may be alledged against that opinion; the chief of which is, that there is no proof of Mercury curing Lues without a complete Evacuation - In the Alterative Course, no body can put a Negative on the increase of Perspiration - What other means (to the Mercury) should be substituted, I shall not say; but were I to seek after other Remedies for the Lues instead of it, it would be among the Order of Evacuants - But as Mercury is certainly the most useful of all, I shall speak only of its administration -

Observe that Mercury, like all other Metallic substances, does not act but in a saline state - It may be reduced to that state by Trituration, Calcination, and by Acids; but these preparation differ only in degree. Those by Trituration are the mildest, and those by acids the most acrid - It is unnecessary to examine them one by one; for the choice is only between the most mild and the most acrid preparations - The mildest do not operate without a great quantity is introduced, which cannot be done without inducing Salivation - But as this depends on the

the quantity of Mercury introduced, the acrid preparations may operate as Diaphoretics, without inducing salivation, which is less troublesome - This teaches our late practice with Corrosive sublimate - When it is most acrid I know it operates as a Diuretic and Sudorific, and when so, it will cure - True it has failed, but why? - Sir John Pringle sent me from London two parcels of Sublimate very different from each other - One had been made at Apothecaries Hall, by the directions of the College, the other came from a Private Chemist, who made secret of his preparation - Their degree of solubility and acrimony differed very much, and so also proved their effect - Among the preparations of Corrosive Sublimate there are all the different degrees between the most acrid and Mercurius dulcis; and only in its most acrid state can it act as Corrosive Sublimate -

Much depends on the administration of it - Van Swieten dissolved it in spirits: but it often fails in that way, because after some days the mercury precipitates - If you attend to these Practicies, you will not wonder that sometimes it has not succeeded.

Regimen - If the Sublimate takes to the skin, it readily produces a Cure - But if we use it as a diaphoretic, and expose the Patient to Cold, it will induce salivation, and disappoint us - Again, there are some

some particular constitutions, not disposed to diaphoresis, in which it will fail - From these considerations I think it may be managed to will be effectual; but yet in most cases, from want of attention, it fails - And in many cases the mildest preparations must be employed - And in all (with few exceptions) with great advantage; for there are cases the sublimate will not cure; which we are certain of curing in this way; and therefore, in point of certainty, not of convenieney, they are best

A Question arises here, whether Mercury prepared by trituration is preferable to preparations by calcination, or to saline ones? By trituration, all saline Preparations are always apt to attack the Intestines - We have lately been informed of a remedy equal to Triturated Mercury, viz, washed Calomel, till reduced to a black powder - But even this is more liable to operate by stool than triturated mercury, and therefore I prefer the last - Another question - Must it be given by the skin or by the mouth? The French have been much in humour to prefer Unction; but I deny that this way has any advantage over the other - On the Contrary, it is more difficult thus to determine the quantity introduced, and is of more difficult management - The only Objection is, that even triturated Mercury by the mouth is more liable to purge; and on this account I often prescribe Unction - But now I find that opium will prevent

purging

purging, and determine more effectually the Mercury to the mouth and skin - But the preparation of Mercury by Trituration is neither easy nor equal - Judge it by the variations of the Edinburgh Dispensatory in this point. In four Editions it has varied, and the last is the worst of all - The only certain means, and this is Keyzer's practice, is to triturate the Mercury by itself, whether with the addition of some Vegetable aid, I cannot determine; but it is better to try it first alone - And the only certainty of its being well triturated is its being reduced to a black powder - But this requires much trouble, and to be prepared so the Mercury must be in great quantity - Keyzer employs a Machine moved by a Horse -

It must be given till it affects the mouth; not that I imagine salivation in itself useful, but to give us a security; because in 99 of 100 Cases it will not go to the skin without it affects the Salivary Glands - How come this? I have no doubt that it is by the quantity of Mercury introduced acting as a general Stimulus - We have no security, I say, of its good effects, but by its affecting the mouth, making the teeth and Gums sore, and tainting the breath - But then too great a Salivation will often disappoint us - I knew a man on whom a few grains of Mercury induced a salivation for three weeks, to the quantity of three or four pints a day - His Corona et ulcera tonsillarum

were

were removed; but I doubt whether we could depend on that Cure, and accordingly a month afterwards the Corona came again - the sweat little during the time - And in short Mercury operate in a more insalubrious way by Salivation - The general evacuation is commonly to be kept up between three and six weeks, and there is no necessity for more than a just sensible Salivation - There are 100 instances of moderate Salivation answering as well as the more violent - such is the most efficacious method of Curing the Pox - What others may be purposed, and what we are to think of the Sarsa-parilla, Mercurium, &c. I cannot say; for I have no Experience of them, and I do not think it necessary to attend more to particular Symptoms

Scorbutus.

A time was, when the subject of Scurvy was very much embarrassed, and when Practitioners confounded every Acrimony of the blood under the name of Scurvy - Lind also represents this disease in such a variety, as to make it very difficult to understand - Nay Boerhaave is guilty of the same. Physicians are now agreed that the Scorbutic is to be confined to what we call the Sea Scurvy, discovered by its causes, and by the Symptoms as prefixed in the Character. There is no proof of it arising, but in Consequence of constant use of Salt animal food -

Its chief Symptoms are, Lassitude, Lazyly, Gums liable to bleed, fœtid Breath, Blood Spots, and ero-

-sions

Erosions on the Skin - With regard to its various appearances, I need say no more, after Dr Lind's judicious and complete on this subject - You may also read with advantage Dr Holme, our late Pupil. He has added some peculiarities with regard to the Causes, and some Facts that are curious and worth enquiry - From my judgement the Cause of Scurvy is nearly dried to -

1. The use of Animal Diet has considerable effect here. Probably, a priori, the Alkalescency this is liable to produce may make us believe this is the True Cause of it; but that Animal diet alone has produced Scurvy, is not Proved - Therefore I admit,

2. That it is the use of Animal food already in some state of Putridity only - But again there is no evidence, except it is,

3. Salted animal putrescent food.

4. The use even of salted animal Putrescent food will not readily produce the Scurvy, unless there is also a suppression of some Evacuation of Alkaline matter. There is a fact much insisted on by Dr Holme, viz. That the Scurvy does not Raise in the Torrid Zone. But I have several Facts to the Contrary. We had lately a Pupil engaged in a Travel in the East Indies - Their Crew, by being confined to salted Animal food, were soon affected with a high degree of Scurvy, without going out of the Torrid Zone - yet I would imagine there is some

thing

something in Dr Holmes Hack, and that scurvy occurs more rarely there than any where else - It is well known that the native escape it; - The indolent and sluggish Sailors are most readily attacked with it - Therefore animal salted putrescent food in a cold and moist Climate, with obstructed Perspiration, is the Remote Cause of this disease - With regard to the Proximate Cause, we know that the animal system is always tending to an alkaline state - We also know that there is a production of Amoniacal Salt by Putrescency; for Nitre is produced by it - But &c.

On Scurvy, we have fixed the limits of our Character, and the Remote Causes - &c for the

Proximate Causes, we believe it depends on a putrescency of animal fluids - Complete Putrefaction seems to be incompatible with Life, and therefore take the state of the fluids in Scurvy to be a medium between Putrefaction and their natural state - There is constantly some saline matter in the animal Oeconomy, which does not previously appear in the Aliment. There is an Acid of Phosphorus evolved, and produced in a much greater degree in the animal Body; at the same time it is found combined with a Volatile Alkali into an Ammoniacal Salt; the foundation of the essential Salt of Urine - Therefore there is in our system a constant tendency to the production, and evacuation, of this Salt; it being thrown out by the natural Ex-

-cre

Excretions - From the Remote Causes of Scurvy, I conclude that its proximate Cause is a superabundance of this Saline matter - Every means of increasing the quantity of saline matter in the human body will increase the scorbutic Symptoms - And though there should be no Sea-salt taken in unusual quantity, it has been found by Dr Huxham, that the long use of Alkaline substances alone induces or increases such scorbutic Symptoms - Dr Boerhaave thought that Sea-salt could not be changed in our System; but though it be found in the Urine it is possible that the greatest part of it is changed in our bodies into an Ammoniacal salt, by the application, to its alkali, of the Inflammable matter constantly present in our Oeconomy, by which it becomes Volatile - The presence of the Ammoniacal salt in the blood, is the chief cause of its fluidity - Hence the dissolution of the blood in Scurvy, and its being so liable to run out by Effusions and Hemorrhages - But this state of the blood always particularly affects the mouth: How? It seems that the Saliva contains a greater quantity of Ammoniacal salt than any of our fluids - Hence, perhaps, we may understand why the superabundance of this in the blood takes the course of the salivary glands, and more particularly affects them - This, however, is but a Conjecture - Whether the solids be weakened in Consequence of the superabundance of this Ammoniacal salt, or the more immediately putrid state, judge yourselves - There is, however, a sedative power, which operates on the system.

From what we have said of the Causes of Scurvy

Scurvy, the Prophilaxis and Cure are so obvious and so well known, that it is unless to detail them — The Prophylaxis turns on avoiding the remote Causes — Recent Vegetables make the Cure — Preserved Farinacea and dried Herbs would, perhaps, perform a Cure, if joined to every means of supporting Perspiration; and if they have not always succeeded, it was, perhaps, owing to their quantity being too inconsiderable — This is enough to enable you to understand the authors who have wrote on this subject, to whom I refer you

Elephantiasis.

This is confusedly described in old Arabian Physicians, but better by a Physician of Aix in Provence, and in the London Medical Essays; which make me think it has some analogy to the Scurvy — I have never seen this disease; — But it seems Mercury always makes it worse — And here I conclude my consideration of our Genera Morborum

Now to teach you how to supply my defects by the study of Authors — I must set out with my maxim, that the study of Physic is to be pursued only a Dogmatical Plan: because,

1. Though some people may pretend the contrary, Theory is unavoidable, and none shun it; and in reality can't be safe, unless by the assistance of much Exercise and study on an Extensive Plan — If men pretend to reason without Data, without knowing half the facts that ought to be known, without a series of Principles on which the subject

depends

depends, nothing is more foolish and ridiculous - A Lawyer who reasons on Physic, or a Physician who reasons on Law, make himself ridiculous - But with regard to both Sciences, there is a number of Common Principles, with which both the one and the other should be acquainted. There is no case in Physic so well Characterized that we can treat it entirely by imitation. No body will avoid entirely forming a Judgement on the degree of fullness, or weakness of the stomach, &c.

2. There is no means whatever of Learning Physic on an Empyrical Plan - The Facts of Physic are very incomplete, and no where well arranged - All Empyrical Compilers have been betrayed into silly reasonings - Such is Beaumé, in whose Book there is not one page that is not incomplete, erroneous, and full of superfluities - Instead of Cures he has given nothing but a list of inert Remedies, no where arranged, and no way useful - If the Empyric plan was practicable, every old woman might be a Physician - Tissot, and other such plans, are entirely below Criticism It is said that Empyrical Writers might at least be consulted for their facts; but this is a mistake. Those facts are always collected under the influence of some Dogmatism; and unless you are guarded against particular Theories, facts are of no use to you - Therefore the Practice of Physic must be studied on a Theoretical plan, in its utmost extent - There is no part of our Oeconomy that does not admit of disquisitions, applicable to

prac

practice. But we must take great Care against particular Theories; and in Practice we must always confine ourselves to very general Conclusions. Nothing has been of more service in Physic than this, that it is in the Nervous System we must seek for the Explanation of most Phenomena of the human Oeconomy. Hoffman and Baglivi, &c. who first pointed at that proposition, have therefore done a great service to Physic; but as we know none of the particular Laws of that System, we cannot make any application of our Conjectures with regard to it. But for Example, we are entirely safe in maintaining as a general fact, that a certain Degree of Plethora or debility induces a mobility of the nervous System; which leads us to the Cure of Epilepsy. Mere Hypothesis may improper and ridiculous, but dangerous in weak minds only, as all such have against them contradictory facts. This is enough on the Plan you are to pursue. I will only add, that you must take not to make those Coxcombs whom Nature designed for fools.

The next step is to acquire a System founded on general propositions. But which? It is no great matter: and though Galenism and other antient Systems would not do, yet all modern Systems will do, as being all connected with an extensive Stock of facts. I have given you such a system, of which I leave you to Judge. The next step is to be acquainted with the Writers of the present age. There are three chief Systems of Physic; that of Boerhaave, that

of Hoffman, and that of Stahl; besides Sydenham, whom you must all study with attention, as he needs much interpretation. He is by no means an Empyric, but his Theory rests on generalities, and is introduced only by way of Illustration. His practice, which is now the prevailing one, has much influenced the three Systems. Of these you must begin with Boerhaave, who had the most general Education, and the most judicious Systematic head. Besides, his system is now the general Language of Europe. That of Stahl is every day more and more relinquished. Hoffman has few followers, and all have intermixed Boerhaave with him. It is therefore absolutely necessary to study Boerhaave; and you must do it through Van Swieten. There only you find this System full, and illustrated with facts, and the addition of new practices. But first be aware of the Pathologia Humorum of Boerhaave. He explains most Circumstances of diseases by the state of the fluids; which is a frail foundation. His Theory of Acrimony is imperfect and obscure, but has since been much improved. In another respect his Pathology of the fluids turns on Acrimony and Lentor, which, though generally believed, is mere hypothetical and Erroneous. The other considerable part of his System is the Doctrine of Obstruction, more full than in Baglivi; but since much improved, and even by Boerhaave himself. Sauvages has destroyed his doctrine of Inflamation, Senac that of Revulsion. Boerhaave has entirely removed from Physic the consideration of the Nervous System. Van Swieten has corrected this, by shewing that the Impetum faciens had more

share

share in disease than the Viscosity of the arterial fluids.

Obs. 2. That Van Swieten is extremely fond of explaining himself by the Opinion of the Antients. But the imperfections of their writings make these Illustrations superfluous, and for the most part strained and ridiculous. With these Cautions you must read Van Swieten. Many tedious pages will be well Compensate by the great number of facts you'll acquire in him, together with the knowledge of the new general Physic of Europe. Hoffman is still more loose, diffuse, and tedious and less arranged than Van Swieten, but has still more facts than him. In reading Van Swieten, I would advise you to begin by reading the whole Sect on one subject, and after you have judged of it, to see how far the Commentator is right. It would be happy if we could read Hoffman in the same manner as Boerhaave. His general View of the nervous Pathology is the valuable part of his System; but when he proceeds farther, he loses sight of his System, and is much puzzled, being but a Coole Mechanic or Chemist. Whenever he reasons of Hydraulics he is everywhere mistaken and weak; and except the general plan of his System, his reasonings are very trifling. But he is everywhere fuller than Boerhaave, as he was not an extensive practitioner.

I have entered on the prosecution of the study of the practice of Physic, giving you the best advice I am able. With regard to the plan I offer you, observe that it is the most Comprehensive and extensive, and I know no better, otherwise I would point it out to you. To show you how the knowledge

of

of the practice may be rendered Complete, I say that you must begin by acquiring a System, and study that which I have delivered to you by comparing it with others, chiefly those of the present age.

1. Dr Boerhaave, as he will explain the present Language of all Europe in Physic - I have told you with what caution he is to be used.

2. Hoffman. I have pointed out his faults - He is weak in particular Reasonings, though his general Views are good. He is more complete than Boerhaave in his histories of diseases, and has comprehended the whole of the Stahlian System, on a more extensive plan. But deals much in in Sort Hypothesis, and his practice is too feeble.

3. The only system that remains which deserves your attention, is that of Stahl. But it is difficult to read his system. I would advise you to make yourselves acquainted with it rather in the Works of his Disciples, Junker, Hentor, Alberti. It is indifferent which of the three, as they have copied each other. Carle, the favourite Disciple of Stahl, (vid. Specimen Historiæ Medicinæ) is a most excellent author, and, as far as he goes, much the best. After you have thus attained a tolerable Idea of his system, you may read the whole works Stahl himself, but least his Historia Medicinæ vera, which comprehends much Metaphysics and subtile and difficult divisions; but he is very general in his View. His faults are such that they are not to be found any where else. To give an Example of this,

you

you may read Carlos Tiller of his Specimen, chiefly of the Morbi generales, where the Stahlians have been more useful than any other Systematic - you'll see by this Tiller that they are mostly curious subjects, not noticed in other Systems - Till you have considered all these generalities you have made no tolerable progress in Physic, and are not in a condition to attempt any particular Case - But in the whole of the Stahlian works you must be on your guard against particular Theories - The avocations they have extended too far in a general view - But particularly on Ple-thora their Theory is on a very narrow bottom, yet the symptoms and Causes of Plethora have been better point-ed out by the Stahlians than by any other - all the ad-vantages of their System are for their Pathology; for their Practice is very bad - They avoid all powerful Remedies, as the Bark, Opium, &c; and are very sparing of general Remedies, such as Venaesection, Blisters, &c. - And indeed if we could be persuaded that diseases were under the direc-tion of a powerful Being, we should be afraid of all powerful Remedies - Hence the Doctrine of Stahl is timid, cautious, and, according, safe in practice - Look at their Remedies - Absorbent Earths, and Diaphoretics, not Antimonials with Caution and reserve, and even the Essential Elixir pharmae and Tinctura Tonica - Nervina Stahlii, in despite of their pompous Titles, are but very trifling Remedies - Besides there are some very in-

-per

superstitious Opinions. He believes in Philters, Amulets, &c, and accordingly has pretended to find many specifics so much on these Three Systems. There are no other that have any general character, or deserve our attention. This remark extends to all Systems received at present.

Dr Ludwig of Leipsic has attempted to give a specimen of a better Practice, in his Methodica Clinica. From many marks of knowledge he has before given, I expected much from his book; but I have been disappointed, and have met with no improvement in it. The anxious study of System is therefore confined to these three; but you cannot avoid studying a little the Galenic System, which for 1400 years has prevailed in Europe; but it is to be studied shortly, and in his Commentators, the best of which is Riverius, who is properly a Galenist, only with some Chemical additions. He is short, but not original, but mostly copied from Sennertus, the most useful of the galenic systematics, and at the same time the most judicious and learned; and in his book you'll find a summary of the whole learning previous to his time.

The Chemists succeed the Galenists; but nothing from them deserves your notice, as they had but little judgement or knowledge.

The Cartesians followed. They had more learning and a more general knowledge, but they hardly made any improvement to the Chemical System. Blancard is the most full of them, but he was a knave not to be trusted. Waldschmidt is the best, as treating Physic from particular Cases.

Tho

Two Systematics of the last age deserve deserve our notice Sylvius de la Boe, and Dr Willis the most absurd and trifling Theorist, but he has many Curious facts, particularly relating to this Country - With regard to all these Systems, I would advise you to read them shortly in the Encyclopedia Medica of Dolleus - He gives you the Doctrine of the Galenists, Chemists, Van Helmonts, Paracelsus, Cartesians, Sylvius, Willis, and then one of his own, curious and compounded of the others - Often at the head of his Chapters he gives you, abstracted from the System, what the Empyrics have offered on the Subject -

Besides these, the last age produced only one, Ettmuller, a man of extensive knowledge, great Judgement, comprehensive Views, but a Cartesian -

The next step, after being acquainted with the Systems, is to acquire the particular facts here and there, and to enlarge the Systematics on that point - Collectors are chiefly to be consulted for this But before, you should employ some index - Two attempts towards a Medical Index have been made, one by Moronus in his Directorium Medico practicum - all the diseases are arranged there in alphabetical order; and there are references to the writers for particular Cases - But he goes no farther than the middle of last Century - To complete him, you may read Mich. Alberti Tantamen Lexici medici realis

2 Vol.

2 Vol. Quarto - It is useful, but incomplete, as he did not consult a quarter of the Authors which Morenus did - Besides he was a bigot, confined to a particular System. But the Best way certainly is to form such an Index yourselves, with reference to the Authors - and as to the Arrangement, it is arbitrary - With very little pains a young man will find this of prodigious advantage - In the meantime you may consult particular Collections - Marcelli Donati Historia Medica mirabilis is a collection of curious Cases; but he prefers the most singular to the more common and useful - Joh. Schenck. de Grafenberg has added some in his Observationes Medicæ, which are very full, and made with Judgement - Another Author I've consulted, who lived towards the middle of the last century, is Bonetus, his Historia medica Septentrionalis, of which his other works are only repetitions - as for the rest you have the Philosophical Transactions, the French Memoirs, the German Ephemerides, the Acta Bononensia Berolinensia, Petropolitana, &c. Besides which you should consult Platner, Riverius, and an hundred more Observers, whom you'll meet with in the Catalogue by Haller in his Methodus studii Medici, Gesners Bibliotheca universalis, &c - These are the sources of your facts - Every thing is not equally true, or collected with equal Judgement - Many of them proceed on the love of the Marvellous, attachment to particular Theories, &c - But take them as they are, and make a choice after collecting as many facts as you can - You must observe,

1. To constant study of Nosology. We have gone no length, till we have distinguished perfectly and methodically every disease from others. Without Method and system you travel in a Labyrinth without a guide; and it is only in proportion as we correct our Nosology, that we may draw Consequences from facts. you have nothing but Savages for the species; but in him you'll find references to much Erudition, which it will be useful to you to rectify. Till you are good Critics in Nosology you have not made much progress.

2. To Dissections of Morbid Bodies, from which the most certain knowledge in Pathology is to be drawn. Bonet Sepulchretum Anatomicum, enlarged by Mangetus, is a great fund, but too old. For the rest you have Morgagni, who is full of Medical Erudition, and will very usefully direct you; yet he is incomplete. Lieutaud, in his Historia anatomica Medica, has attempted to complete it, and may be useful; but he is ill-digested, inaccurately printed, and full of false references, to which, for the most part, you cannot trust, and are obliged to consult the original Authors.

Now by the study marked out, your knowledge in Physic will be tolerable complete, and what is more, tolerably digested. But something more is necessary. Besides a system and a Collection of facts, particular diseases are to be considered. And here is first the place for the study of the Antients. Many will wonder that I did not introduce them before. Any one who can parade his Erudition, will constantly recommend

them

them, and the rest must admire at a distance, and follow the great-est number; though little is to be learned from them - They have many curious particulars, but such as could never have been found out, if not previously known from another source - Yet as no doubt a Physician be without the knowledge of the antients, they are necessary on that account, chiefly Celsus, Aretaeus Cap-padoc, Caelius Aurelianus, Hippocrates and Galenus - With regard to the followers of Galen, Actius, Aegineta, &c. are to be taken only at leisure The same may be said of the Arabians, and of all the Galenists till the 16.th Century - something is to be gleaned from them, and it is to be wished that some body would concentrate his time to make a Col-lection of whatever is useful in them - But is the work of a studious Curiosity only - I come now more properly to treat of the study of particular diseases - But. &c.

LECTURE 151. 23.d May 1770.

The heavy task I have given you is suited to the Philosopher and Physician, who regards the Utility of his Profession What remains will be more readily undertaken. I have every where in my Course already pointed it out, and therefore I must be allowed to be short here, to proceed in the Order of our Synopsis We begin by

Pyrexia - and first with Intermittents - Possibly the Antients understood this subject, but Ludovicus Mercatus was the first who pointed it out; but this was of little effect till Morton, who best treated of the nature and cure of Intermittents. Franc. Forti, Cleghorn and Wherchof are

simple and accurate Observers - Senac is particularly to be consulted, for his extensive views of the Method of Cure.
Continued Fevers - Here Sydenham is the great Leader, on those that are Inflamatory - For other fevers which have taken a form not to be well ascertained in Systems, you may consult Morton, Hoffman, Huxham, Pringle, Lind, Dr Haen and his Associates - You might expect much from the Traite des Fievres of Mr Quesnay, a man of genius and Rank; but many of his Observations and Theories are quite wrong - In the Study Fever necessarily enters that of Epidemic diseases - The plan I have given you may direct your reading. Every day contracts the Subject more and more, and among the great variety it affords, there is a surprizing uniformity - Hippocrates has certainly some Illustrations, - Ballonius and others, after the rectification of Letters, more; but none, Sydenham and Morton excepted, are complete - In the last Century the Germans and Italians, have studied this part much, and no one has given a better Det of Epidemics, depending on the Air, than Dr Wintringham; but he has lost sight of the Miasmata. Dr Huxham is hardly so Compleat in particulars, but in general is very good, as from his situation he had an Opportunity of seeing Contagious Epidemics - To these you are to join Writers of particular Climates, Fleets, and Armies, Sir John Pringle, Dr Donald Monro, and particularly Dr Lind - In the Study of Epidemics there are three or four points to be illustrated
1. With regard to the rise of Contagion, chiefly the Marsh

Effluvia

Effluvia, a subject of Enquiry in Modern times. The best Writers on this Case, are Lancisi de Noxis Paludum, Pringle, Lind particularly, and an Italian Writer, Cagata de Morbis.

2. The Uniformity of Epidemic fevers, which are mostly Remittents, and very uniform - But this subject must be studied at large more than in Sydenham. As to the Cure the different Points to settle are limited to Venesection and the use of the Bark -

Lastly we are to attend to human Effluvia in Prisons, Ships, and Armies; and after we have found their Nature, we shall easily find their Cure, which is sufficiently simple, probably turning entirely on the Bark. I must add the prognosis of the Antients, particularly that of Hippocrates, under the conduct of Alpinus, with the Assistance of the Commentators, who appeared soon after the study of Hippocrates.

Phlegmasia. This is the part of our practice which has at all times been best established, and there is here a striking Uniformity between Hippocrates, Sydenham and Boerhaave - Boerhaave is very compleat in his method of Cure, if you add Blisters - With regard to particular Phlegmasia, the Arthritis is the only one that deserves particular notice. For the History Sydenham is the only Writer, perhaps with the addition of Musgrave, but with Caution - With regard to the great Number of Writers on the Theory and method of Cure, not

not one deserves our attention, all having lost sight entirely of the general habit, which, independant of Acrimony, constitutes the disease.

As for the Exanthemata, the Plague, as connected with Epidemics, is particularly to be studied, in Diemerbroek, Riverius, Hodges, Sydenham, Senac, and Chenac. Senacs Traite de la Peste is entirely by him — On the Small Pox I have few Writers to mention — nothing deserves our attention before Sydenham, and little since — It is true some corrections have been proposed of his Practice, but generally from not having understood him. As for particular additions, you may see Dr Monro Senior in the Medical Essays, for the use of the Bark — The use of Antimony, as a Prophilaxis, is to be seen in the Inoculators; as also frequent purging during the disease, which is a real improvement — But the best improvement made on this subject is beyond question Inoculation — It propriety at least in this part of the world, — is well established; and no author against it has Understood its proper foundation — as for the management of it, Dr Dimsdale is sufficient, and the most Excellent.

On the Miliaria there are many German Writers, but you may read Dr Hoffman in star Omnium. Sir David Hamilton and Dr Fordyce have ascertained some points in Practice, but have made no Improvement. Alliani has given a view of the disease, as Epidemic, but extended

too

too far.

Hemorrhagia. For the Doctrine of this, consult Hoffman; for the History, the Italians. On Hemoptoe you have Morton, on the Hemorrhoids the Italians, chiefly Alberti: But for a Counterpoison, read Hoffman and De Haens Therin. Menorrhagia and Amenorrhagia are imperfectly treated in our Books. Dr Friend, with regard to the last has given us no light. With regard to Menorrhagia, Anct. Parts has a useful collection, but no improvement. For Sporadic and Inflamatory Catarrh, but more particularly as Epidemic, you have Dr Bakers account of the Catarrh of 1762. On Dysenteria you have much in all late histories of Epidemics. Dr Zimmerman has now brought the Practice on a steady footing; but till the Translation of it (by Dr Hopson) which is soon to be Published, you have Sir John Pringle, Reader de morbis murum is very useful.

On the Nervous and Comata there are few Writers. You may read Wepfers learned and industrious Historia Apoplectica: but this been more illustrated since by late Dissections, which are the only means of learning facts here. As for the historia, you have Hoffman and the aphorisms of Boerhaave. On Syncope there are few Writers; but Morris traite de Cœur is full, complete, and sufficient. On Dyspepsia there are properly no Writers, because all have confounded it with Hypochondriasis and Hysteria. As for the

Facts,

Tach, with this Caution, you may read Dr Cheyne, and Dr Whyth, who is still better. But you must yourselves arrange this subject.

On Palsy much is to be read. On Tetanus you have something in the London Medical Essays, and in Hilary; But Hinger has given us no improvement. As for Fits you have, on Epilepsy, Van Helmont and Dr Willis. As to the Doctrine, much is to be found in Hoffman, Boerhaave, and Van Swieten; but it is still incomplete. On the Palpitatio you have Senac. De Lile has wrote a Book De Palpitatione Cordis; but gives no new Light. On the Asthma, Sir John Floyer, if you can arrange his facts, has well copied Nature. We will often refer you to Van Helmont. No man has been more despised than Van Helmont, and truely nothing is more ridiculous than some parts of his Doctrine; but Van Swieten has quoted him oftener than any other modern Writer. On Vertigo you have something in Willis and Hoffman. Dr Haller has published some dissertations of Dr Gort on that subject. Dr Burton, by introducing the use of the Bark has given us a useful improvement. On Pyrexia there are no authors but Simacus and Sauvages. For the Colica Pictonum you have Huxham, Franklin, De Haen, and Bartlett early, on the Ileus, Sir John Pringle. On the Colica and Diarrhoea there is no valuable author. Diarrhoea, under the name of Flux, has been confounded with

ency

every disease in which there is some alvine Flux - Pot-
Longman has given us a Book De Morbis Ventris; it con-
-tains no new Facts, and but an indifferent Theory. On
Diabetes there is no Writer - Haller has a Dissertation
on it, and there is one of Metz, which chiefly deserves your
attention - On Hysteria you must be aware that all au-
-thors, Hoffman excepted, have confounded it with Hy-
-pochondriasis and Dyspepsia - With this Caution you
may consult Sydenham; Willis and Van Helmont
for their facts - On the Hydrophobia, you must read
Boerhaave and Van Swieten; and for additions in the method
of Cure, Mead, Desault and Savauges for the use of Mercu-
-ry; Hugen and some common Pamphlets for that of Opium
and Musk -

On Venereal there is no considerable Author -
Dr Batie has taught us nothing; and indeed the Author of
the Practical aphorisms is so deficient and incomplete in
his Theory, that we were not to expect he could teach us any
thing, notwithstanding his Extensive Experience - Boerhaave
and his Commentator, though they proceeded on a bad
plan, have collected the Whole

Cachexia. For the Marcoris, Dr Morton - on
Polysarcia and Emphysema little is to be found in
Authors. On the last you have Combalier's Pneumato-
logy

Pneumatology - On Hypochondria you have little or nothing. On Dropsy Sydenham, whom Boerhaave has copied, for the Practice; and as an addition Dr D. Monro is very useful - On the Phrenitis you have Sauvages Nosology, and Cullen, whom he much recommends; Gliffon, Boerhaave, and an Italian Writer for the next Genus, Mania - On Scrophula the French Writers teach us nothing, and our own are very little better. Syphilis. On this Astruc has collected whatever was known before his time, and little has been added since - On Scurvy Dr Lind has directed us to every thing, and is very useful. Dr Home and Rupi de morbis Navigantium are the added. On Elephantiasis you have Dr Scanner in the London Medical Essays - On Lepra I refer you to the Systematics. On Frambœsia, to the Edin. Med. Essays - On Trichoma, to the Polish Writers - On Pellagra avoid Boerhaave, who has given us a System truely imaginary; but consult the Lond. Med. Essays and Dr Cox -

With regard to the Morbi Locales, they are to a trifle in the Chirurgical Writers - But begin with them in Boerhaave and Van Swieten, and for the Nosology in Sauvages. after this you may prosecute the subject at leisure.

Now, after having pointed out to you so much to read, you must supply the defect of this account by Authors who enumerate Books of Physic, and have written on Materia Medicina, such as Vander Lind, Mangetus, Haller and

and Gurney. From these you may get fuller Information on the Plan I have given you.

With regard to the Whole, you must aim at the general and Comprehensive Views magnified by Philosophy, Humanity, Probity and Liberality, as well as by your duty and Glory. And here I must conclude this Course.

It has been drawn out to an unusual length, but rather from the nature of the subject than from my fault. I am convinced more time should be allowed to finish it. I shall make no Apology for the Imperfections, which are many. I love the study of Physic, I love teaching, and I love the Students:- Virtues which will induce you to overlook my failings. I need not to remind you of the Benevolence you owe Mankind, and which your Profession enables you to repay: The Pleasure and satisfaction of relieving the distressed, will sufficiently reward your Labours for administering it to those that can make you no other return — You, Gentlemen, are very dear to me, and it is with Reluctance that I part with you, especially when I consider that distant Lands and Wide Oceans will soon separate many of you from me. With sincere affection, recommending myself to your esteem, I wish them and all Farewell.

End of the Course.

43.

Index

CULLEN'S
LECTURES

VOL
IVI